Maryland's Results for Child Well-Being

Children's Cabinet
and
Governor's Office for Children
2012

Martin O'Malley
Governor

Anthony G. Brown
Lieutenant Governor

Anne Sheridan
Executive Director

Maryland's Results for Child Well-Being 2012

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Maryland Children's Cabinet and Governor's Office for Children

Vision

Children's Cabinet: All Maryland's children will be successful in life.

Governor's Office for Children: Maryland will achieve child well-being through interagency collaboration and state/local partnerships.

Mission

The Children's Cabinet, led by the Executive Director of the Governor's Office for Children (GOC), will work collaboratively to create and promote an integrated, community-based service delivery system for Maryland's children, youth, and families. Our mission is to improve the well-being of Maryland's children.

Children's Cabinet

Anne Sheridan, Executive Director (Chair)
Governor's Office for Children

Sam Abed, Secretary
Department of Juvenile Services

Theodore Dallas, Secretary
Department of Human Resources

T. Eloise Foster, Secretary
Department of Budget and Management

Lillian M. Lowery, State Superintendent of Schools
Maryland State Department of Education

Catherine A. Raggio, Secretary
Department of Disabilities

Joshua Sharfstein, Secretary
Department of Health and Mental Hygiene

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Note: Data used in this book are analyzed at the State and jurisdictional levels. More detailed jurisdictional data is available at http://www.goc.maryland.gov.

Dear Friends:

I'm pleased to introduce *Maryland's Results for Child Well-Being* presented by the Maryland Children's Cabinet and the Governor's Office for Children.

For more than ten years, Maryland has tracked eight target areas and developed statewide indicators to measure and report on child well-being to inform decisions by State and local partners. This report is among the longest, continuously reported results and indicators for children and families in the nation and reflects our commitment to our State's long-term success.

The Children's Cabinet is committed to prevention, early intervention, and community-based services to ensure that the needs of Maryland's children and families are being met. To ensure that all children are healthy and have the opportunities to meet the challenges of a changing global economy, we continue to follow-through with ambitious plans to improve student achievement and school, college and career readiness by 25% by 2015, and to end childhood hunger by 2015. In 2012, we surpassed our goal of reducing infant mortality by more than 10%, and we are committed to reducing the rate another 10% by 2017.

There is no such thing as a spare Marylander. We are dedicated to protecting and preparing all our children so that they can give back to their communities just as we have given to them. With the support of our government agencies, community partners, and engaged citizens, we are investing in our future by making Maryland a place where children can grow up healthy and make the most of every opportunity.

Sincerely,

Martin O'Malley
Governor

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Dear Citizens of Maryland:

On behalf of the Governor's Office for Children (GOC) and the Children's Cabinet, I am pleased to present the 2012 *Maryland Results for Child Well-Being* report. These results and indicators have guided the Children's Cabinet's efforts since 2001, as we have set Statewide priorities and supported local evidence-based initiatives to meet the needs of Maryland's children, youth, and their families. We are proud that these results and indicators represent both national child well-being priorities as well as those of the O'Malley-Brown Administration.

GOC serves as the coordinating entity for the six child-serving agencies that constitute the Children's Cabinet, including the Secretaries of Budget and Management, Health and Mental Hygiene, Human Resources, Juvenile Services, and Disabilities, as well as the State Superintendent of the Department of Education. The Children's Cabinet agencies demonstrate exceptional collaboration through their focus on the outcomes outlined in the *Results for Child Well-Being* and *The Maryland Child and Family Services Interagency Strategic Plan*, which serves as the framework for interagency implementation of child and family services.

This year's *Results for Child Well-Being* show encouraging progress in children's health, education, and communities. Maryland has demonstrated success in reducing infant mortality and has significantly reduced the rate of births to adolescents, remaining well below the national average. Thanks to the efforts of preschools and public elementary schools in Maryland, 82% of children enter Kindergarten equipped with the developmental skills they need to be fully engaged in the classroom. And our State has maintained stability through tough economic times by strengthening our safety nets for hungry families and children, increasing participation in the School Breakfast, At-Risk Afterschool Meals, and Food Supplement Programs.

As we celebrate our successes, we also seek to leverage our strengths and face our challenges head-on. Having a clear understanding of what we are doing and how well we are doing it allows us to do both. The Children's Cabinet agencies, families, and stakeholders continue to collaborate to improve the lives of Maryland's children, youth and their families.

Sincerely,

Anne Sheridan, Executive Director
Governor's Office for Children

Executive Summary

The *2012 Results for Child Well-Being* report marks the latest edition in one of the longest-running State child outcomes reports in the nation. A longstanding dedication to outcomes measurement is reflected in the comprehensiveness of this report. Over the years, the *Results for Child Well-Being* report has evolved to provide analysis on emerging trends in child well-being as well as the changing landscape of childhood in the state. Maryland continues its focus on evaluating children's outcomes and using that information to improve the efforts of child-serving agencies and local partners.

The goal of children's services in Maryland is for all children to live fulfilled and successful lives. To ensure that this goal is being met, Maryland has chosen to focus on eight results which describe the general well-being of Maryland's children and families. The State's child-serving agencies use a Results Accountability framework to measure progress in realizing these results using measureable proxies for success called "indicators" (more about the framework in the Introduction).

The *Results for Child Well-Being* report examines indicators which fall under three overarching themes: health, education, and family and community environments. Overall, Maryland saw promising trends from these indicators—highlights from the *2012 Results for Child Well-Being* report include:

Health

- For the fourth consecutive year, Maryland saw a decrease in its infant mortality rate, reaching 6.3 per 1,000 live births. Governor Martin O'Malley's original goal of a 10% reduction in the 2007 infant mortality rate was achieved in 2009, prompting the creation of a new goal. With the reduction seen in the infant mortality rates this year, Maryland is well on its way to achieving the new goal of an additional 10% reduction of overall infant mortality and Black infant mortality by 2017.

- The number of births to adolescents continued to decline, with a birth rate of 22.1 per 1,000 adolescents (ages 15-19). Maryland remains significantly below the national average in this metric, as jurisdictions have developed their own plans to reduce teen pregnancies in their communities.

Education

- In academic year 2012, Maryland students achieved the highest passing rate on each of the three High School Assessments' subject tests since 2009. High school students must pass the High School Assessments in order to graduate, and more than 80% of students who took each of the three subject-area tests received a passing grade.

- The number of students absent for more than 20 days of the school year declined in 2012, reversing the increase seen between the 2010 and 2011 academic years. By reducing the number of students missing more than 20 days each year, Maryland can ensure students receive every opportunity to learn and achieve in the classroom.

Community

- While the United States Department of Agriculture indicates that the rate of household food insecurity increased in 2012, Maryland has increased its efforts to connect low-income children to federal nutrition programs, led by the Governor's Partnership to End Childhood Hunger. More children than ever before received a free or reduced-price school breakfast in 2012, ensuring more students can start their day prepared to learn.

- The rate of referrals per 100,000 youth ages 10 - 17 for felony offenses decreased for the fourth consecutive year and is now less than half of the 2008 rate.

While there is undoubtedly a significant amount of good news contained in this report, there are also indicators that show an ongoing need for intervention and services. Overall, the recession continued to impact Maryland's children and families. Homelessness among public school children rose to 1.69% of enrollment, sustaining the trend in place since the 2003-2004 school year. The percentage of young adults (ages 16-24) employed in 2012 again declined, and the child poverty rate reached its highest point in 15 years.

Other indicators also showed some regression, for a variety of reasons. Vaccine coverage among children ages 19 - 35 months saw a significant decline in 2012. Additionally, the number of bullying and harassment incidents reported increased by more than 11% over the previous year.

This report, however, illustrates that Maryland's children were better off in 2012 in many ways, and those indicators trending in the wrong direction offer an opportunity for course correction and additional interventions. Maryland's children continue to have access to a high quality education through the State's public school system, live in communities where poverty rates and hunger are far below the national average, and enter the workforce at higher rates as young adults than the rest of the country.

Each indicator in this report has an accompanying chart along with an explanation of the data and its implications. For a quick snapshot of all of the indicators and their trends, please refer to the Indicator Trend Summary Chart in the Appendix.

Introduction

About the 13th Annual Report

The *2012 Results for Child Well-Being* report marks the latest edition in one of the longest-running State child outcomes reports in the nation. A longstanding history of outcomes measurement is reflected in the comprehensiveness of this report but over the years, the *Results for Child Well-Being* has evolved to provide analysis on emerging trends in child well-being as well as the changing landscape of childhood. Maryland continues its focus on evaluating children's outcomes and using that information to improve the efforts of State agencies and local partners.

The goal of children's services in Maryland is for all children to live fulfilled and successful lives. This overarching, holistic goal can be achieved by helping children and youth grow up healthy, well-educated, and in safe and stable family and community environments. Maryland agencies use a Results Accountability framework to measure the State's progress in realizing these results using measureable proxies for success called "indicators" (more about the framework below). In this report, you will find the results that Maryland hopes to achieve for every child and, in each result, the indicators that measure our progress.

How to Read this Report

Two critically important parts of the analysis are how each jurisdiction is doing to improve children's well-being and how much progress we have made as a State, even if we have not yet realized all of our goals. In the Appendix of this report, you will find jurisdictional data for each of the indicators for which jurisdictional data is available. Jurisdictional data highlights the dynamics of child well-being on a local level by illustrating the particular strengths and challenges encountered by each of Maryland's counties. In some exceptional cases, jurisdictional data is not available due to the low sampling size of indicators based on survey data.

Other useful tools for understanding Maryland's progress are the summary charts at the beginning of each result section. These charts show the average change of each indicator based on the baseline and whether the trend is positive or negative. They are a good reference for readers who would like to get a quick overview of children's results.

A Collaborative Process

It would be impossible to reliably analyze children's progress across this broad array of results without the expertise of so many State and local partners. Accumulating data, and more importantly, making sense of trends, is a process that is truly built from the ground up: from the thousands of social services workers, surveyors, teachers, health workers, and physicians across the State to those who amass those millions of observations to understand the big picture. The *Maryland Results for Child Well-Being* report collects much of the best information we have about children and the efforts that are being made across the State. Thank you to each person who has contributed to the lessons we have learned through this process.

Results Accountability

The work of the Governor's Office for Children and the Children's Cabinet is accomplished using the Results Accountability framework. This approach focuses planning, decision-making, and budgeting on desired results and outcomes. Results Accountability identifies a **result** to achieve, selects **indicators** that act as proxy measures for the result, tells the "story behind the data," identifies necessary partners and effective strategies, and develops an action plan and budget. In evaluating programs, this approach is used to evaluate data through three main questions: How much did we do? How well did we do it? And, is anyone better off?

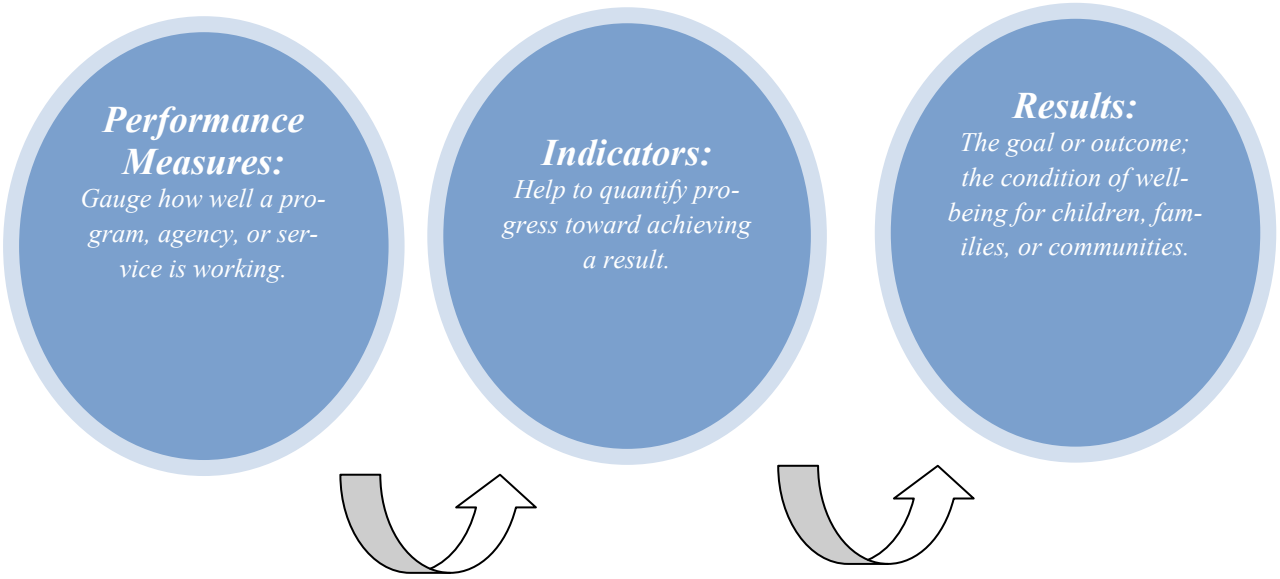
Results and Indicators

What is a Result?

Maryland's Children's Cabinet focuses on eight results for child well-being. A result is a goal that Maryland has established for its children, families, and/or communities. Each result describes the general well-being of Maryland's children and families in an area known to affect a child's ability to grow up healthy and secure.

What is an Indicator?

Indicators are information and data that demonstrate progress toward meeting a result. Maryland has selected 21 indicators for the eight results.



Choosing Strong Indicators

To provide indicators that are reliable, important, and will ultimately inform the work of various stakeholders across Maryland's communities, we asked these questions:

Communication Power
Does the indicator communicate to a broad range of audiences?

Proxy Power
Does the indicator say something of central importance about the result? Is it correlated to the result?

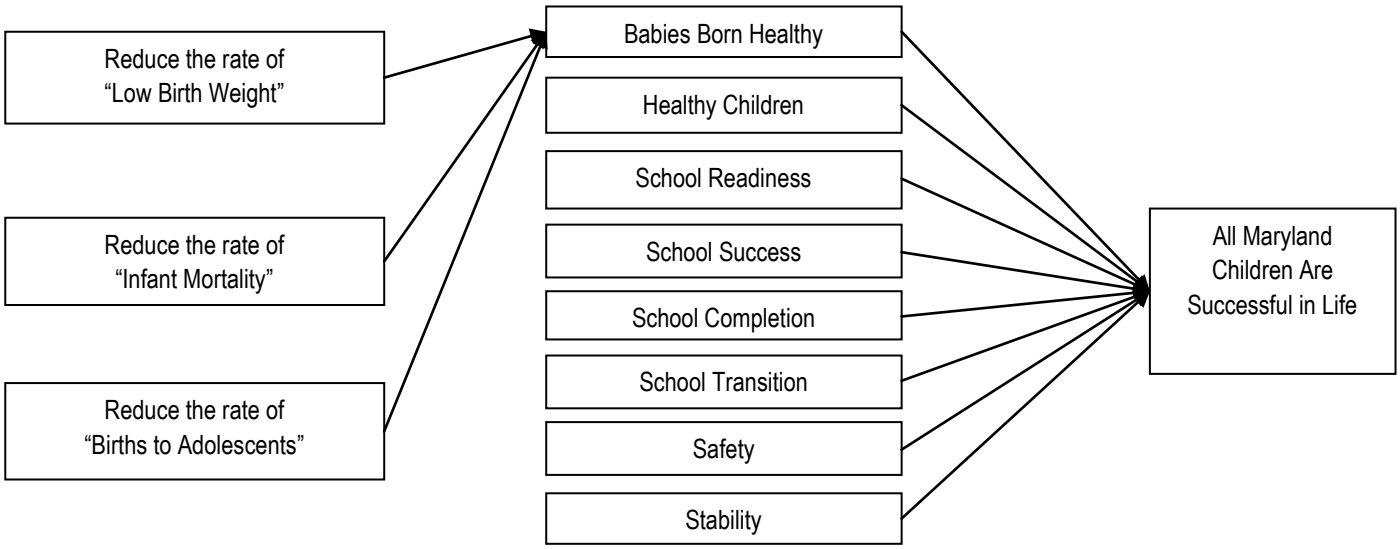
Data Power
Is the data reliable? Is it available on a timely basis?

Indicators are most useful in helping stakeholders identify children's needs and evaluate trends when:

- The data comes from automated systems like health or social services records which are **recorded consistently and updated constantly**;
- The indicator is measured nationally, so that Maryland's **trends can be compared** to other States; and
- The indicators have been **measured for many years,** which yields an analysis of trends over time that is less susceptible to outliers and fluctuations.

Using Maryland's Results and Indicators

The Children's Cabinet, in collaboration with the local jurisdictions, strives to meet the needs of Maryland's children, families, and communities. Through this collaborative approach, each jurisdiction's Local Management Board (LMB) identifies and focuses on results and indicators that are priorities in its community. The information in this publication assists in tracking and evaluating the well-being of children across the State and in each local jurisdiction. The figure below illustrates the selected indicators for the result of Babies Born Healthy and how those indicators inform our mission of improving the well-being of Maryland's children.



Indicators are used to:

Assess and understand the current status of children and families and track emerging trends over time:

- Examine data for population subgroups, including race, sex, and age, to identify major differences across the groups and ensure that all children and families do well;
- Analyze trends to identify where results have changed on a local level in ways that are inconsistent with state-wide trends. This assists local jurisdictions with focusing resources on potential priority areas;
- Provide stakeholders and communities with the information and resources they need to understand the data and trends related to children in their communities.

Select priority areas and set goals for the improvement of child and family well-being:

- Use the indicators to identify troubling trends, choose strategies to address the problem area, and measure progress toward set goals. Compare and collaborate with other jurisdictions to identify shared strategies;
- Choose intervention strategies that are reasonably calculated to achieve progress toward the goals;
- Use indicators as part of strategic planning;
- Help stakeholders and communities to be informed and involved in setting goals for improvement in their communities; and
- Monitor progress toward goals in comparison with resources invested in selected programs, services, and initiatives. Indicator data will support the assessment of intervention strategies.

Statewide Efforts to Improve Outcomes for Children and Youth

Maryland's eight results for child well-being reflect the priorities of the Children's Cabinet and the Governor's administrative priorities, and provide a structure for the work of Maryland's 24 Local Management Boards (LMBs). The LMB in each jurisdiction is composed of representatives from the Children's Cabinet's local agencies, as well as other stakeholders, including local business and community members. Each LMB conducts a comprehensive needs assessment and prioritization of results and indicators based on the jurisdiction's needs. Funding from the Children's Cabinet Interagency Fund (the Interagency Fund) is used by the LMBs to develop and deliver services which address the results and indicators that have been prioritized for the jurisdiction.

The Children's Cabinet and the Governor's Office for Children are committed to improving outcomes for children and youth in Maryland. In addition to fulfilling Agency-specific mandates, Maryland's child-serving Agencies also work together through the Children's Cabinet to coordinate policies, evaluate Statewide needs, track progress on outcomes, and oversee funding to LMBs that provides services directly impacting children's well-being. The Children's Cabinet includes the Secretaries of the Department of Budget and Management (DBM), the Department of Disabilities (DoD), the Department of Health and Mental Hygiene (DHMH), the Department of Human Resources (DHR), the Department of Juvenile Services (DJS), and the State Superintendent of Schools, and is chaired by the Executive Director of GOC. The Interagency Fund is administered by GOC on behalf of the Children's Cabinet.

The key goals of GOC are to:

- Work with LMBs and other State and local stakeholders to increase the capacity of communities to meet the specific needs of their jurisdictions' children and families;
- Use data and technology to continuously monitor and evaluate outcomes;
- Improve fiscal efficiency and accountability of programs that serve children and families, particularly those funded through the Interagency Fund;
- Provide support and assistance to the Children's Cabinet, the Children's Cabinet Results Team, the Interagency Licensing Committee, the State Coordinating Council, and other interagency committees; and
- Develop statewide prevention plans and policies for transition age youth, youth at risk of out-of-home placement, and other high-need populations.

The key goals of the Interagency Fund are to:

- Use a collaborative, results-oriented accountability framework to track and evaluate the well-being of children across the State and in each jurisdiction through eight identified results for child well-being; and
- Work collaboratively to ensure a safe, stable, and healthy environment for children and families through coordinated policy recommendations to the Governor.

History of the Results and Indicators in Maryland

In 1996, the *Governor's Task Force on Children, Youth, and Families Systems Reform* (the Task Force) was created in response to a growing desire by local jurisdictions to ensure a strong local role in setting policy that affects children and families. Additionally, the Task Force considered the differing and individual needs of Maryland's jurisdictions as they recommended policies and procedures for the systems reform initiative. The need for a results-based system was a strong theme throughout the work of the Task Force and also reflected in the public hearings held by the Task Force throughout the State.

The Task Force's Program Subcommittee originally proposed nine results. Each result area and its proposed indicators underwent intensive review and discussion by the Subcommittee and, in 1997, by the Program Subcommittee's successor, the Results Workgroup. Both groups had representation from the State and local levels, public and private members, and included county public health officials, county social service employees, local school system staff, local management board members, advocates, and State agency staff.

In January 1999, eight results were adopted, forming the basis of *Maryland's Results for Child Well-Being* report. The chosen results capture the quality of life for children and families in Maryland. Progress toward each result is determined through selected indicators which specifically measure segments of each result area. By monitoring the indicators, the State and local jurisdictions are able to evaluate the effectiveness of service delivery to children and families.

In order to uniformly assess the usefulness of suggested indicators, the Task Force developed the following criteria to select indicators:

- The indicator is directly related to the well-being of children, families or communities in each specific result;
- The indicator is well-measured, in that it applies to all or most of the relevant population and is collected in ways that support data reliability and validity;
- Data on the indicator are readily available from public sources; and
- Data on the indicator are available at the State and local levels.

Across the nation, three to five indicators are usually accepted as a manageable number of measures per result area. The number of indicators is crucial. Other states have shown unsuccessful shifts to results-based accountability, in part, by selecting too many indicators. As other indicators are considered in the future, the task of monitoring and analyzing them will continue with public input. It is the intent of the Children's Cabinet that the core set of indicators will be modified as necessary. By adopting the results and indicators featured in this book, Maryland is in alignment with the national trend of utilizing results-based accountability for programs and services.

In November 2011, GOC held the Results for Child Well-Being Forum to assess the progress of Maryland's child outcomes for the previous year, determine what needs to be done to improve those outcomes in coming years, and assess how future reports can best support the work of state and local partners who serve Maryland's children. Beginning in mid-December of 2011, GOC convened workgroups that included a variety of State, local, and non-profit stakeholders. The priority of the workgroups was to agree on indicators to serve as a standard for the well-being of all Maryland children by improving the measurement of existing indicators and suggesting additional indicators. In keeping with the publication's history of featuring time-tested trends as well as new perspectives, the workgroups' recommendations emphasize the consistency of the widely-accepted/traditional indicators while providing an opportunity to include indicators that are creative and lend a fresh viewpoint.

Maryland's results and indicators provide a framework for accurately measuring the well-being of children in Maryland over time. Without clear and quantifiable indicators, there would be no evidence that Maryland is meeting its goals for children. Without the participation of all Marylanders who care about children, our understanding of how Maryland is doing would be incomplete. For this reason, state and national stakeholders including child and family-serving agencies, non-profit organizations, community-development partnerships, educators, faith communities, and parents and children are integral to shaping a vision for the well-being of Maryland's children.

01 HEALTH

01 HEALTH
BABIES BORN HEALTHY

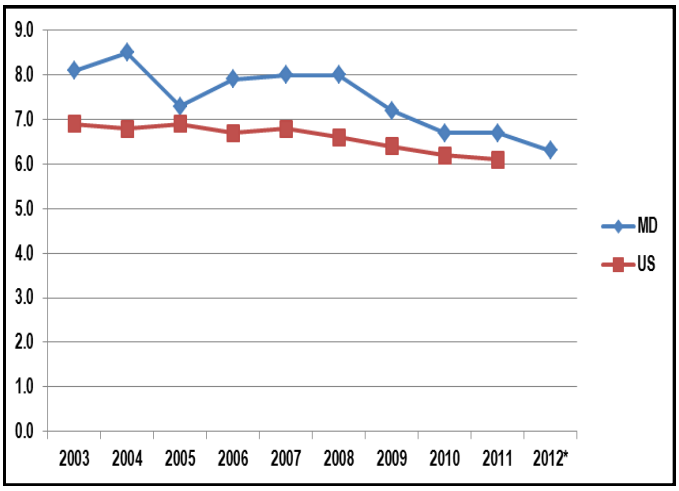
Indicators:	Five Year Trend	Average Yearly Percent Change*	Recent Year Percent Change	Recent Year Measurement
Infant Mortality	The number of deaths occurring to infants under one year of age per 1,000 live births.			
	▲	-5.7%	-6.0%	6.3 per 1,000
Low Birth Weight	The percent of all births with birth weight less than 2,500 grams (approximately 5.5 pounds).			
	▲	-1.4%	-1.1%	8.8%
Births to Adolescents	The rate of births to adolescent females ages 15 through 19 years, per 1,000 of the population.			
	▲	-9.3%	-10.5%	22.1 per 1,000

▲ Indicates an area of positive growth.

▼ Indicates an area of negative growth.

*Indicates average yearly percent change over five year period unless otherwise noted.

Infant mortality: The number of deaths occurring to infants under one year of age per 1,000 live births, for all infants, and for infants in selected racial groups.



Infant (<1 year) Mortality Occurring per 1,000 Live Births										
	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012*
MD	8.1	8.5	7.3	7.9	8.0	8.0	7.2	6.7	6.7	6.3
US	6.9	6.8	6.9	6.7	6.8	6.6	6.4	6.2	6.1	

* Maryland data for 2012 are preliminary and U.S. data for 2012 are not yet available
Data Source: MD DHMH, Vital Statistics Administration Annual Reports

Story Behind the Data: In 2012, Maryland's infant mortality (IMR) rate fell to 6.3 per 1,000 live births, the lowest rate ever recorded in Maryland. It represents a decline of 6% from 2011 and a 21% decline since 2008. Although infant mortality remains highest among Black infants, the Black infant mortality rate has fallen substantially in recent years, reaching an all-time low of 10.3 per 1,000 live births in 2012.[1] This represents a 14% decline from the 2011 rate of 12.0.

The leading causes of infant death in 2012, as in recent years, were:

- Disorders relating to short gestation and low birth weight;
- Congenital abnormalities; and
- Sudden Infant Death Syndrome (SIDS).

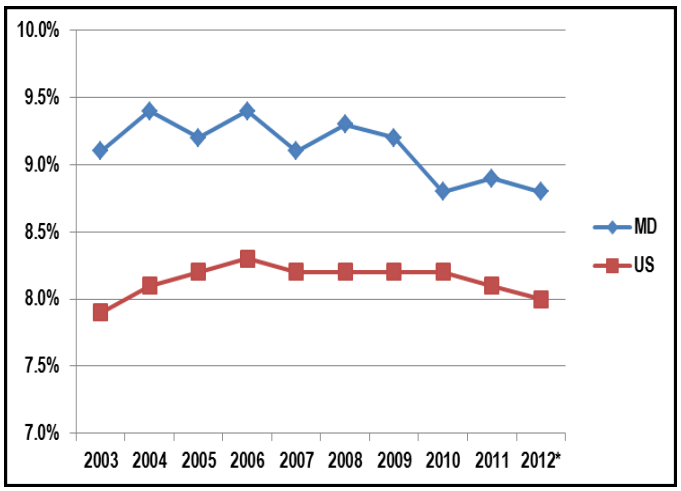
Racial disparities exist in the leading causes of infant death. In Maryland, Black infants are 2 times more likely to die of SIDS than White infants. They are also over three times more likely to die of preterm and low birth weight.

In order to address the overall infant mortality rates, and the racial disparities in these rates, the Babies Born Healthy (BBH) Program was launched in 2007. BBH allocates additional resources to the eight Maryland jurisdictions with the highest rates of infant mortality and the highest racial disparities in infant mortality, implementing interventions in the time periods before pregnancy, during pregnancy, and after delivery. This has included the expansion of eligibility for Medicaid family planning services to include women at or below 200% of the federal poverty level and the implementation of Quick Start Prenatal Programs at Local Health Departments, among other initiatives. Since 2008, the overall infant mortality rate has fallen by 21%, with the Black infant mortality rate decreasing by 26% in the same window of time.

After achieving the original goal of decreasing the 2007 infant mortality rate by 10%, Governor O'Malley reset the goal in 2011 to reducing the overall and Black infant mortality rates by an additional 10% by 2017. Nationally, one of the *Healthy People 2020* objectives is to reduce infant mortality to 6.0 per 1,000 live births.[2]

01 HEALTH
BABIES BORN HEALTHY

Low Birth Weight: The percent of all births and births in selected racial groups with birth weight less than 2,500 grams (approximately 5.5 pounds).



Percentage of Low Birth Weight (<2500g) Infants										
	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012*
MD	9.1%	9.4%	9.2%	9.4%	9.1%	9.3%	9.2%	8.8%	8.9%	8.8%
US	7.9%	8.1%	8.2%	8.3%	8.2%	8.2%	8.2%	8.2%	8.1%	8.0%

* MD and US data for 2012 are preliminary
Data Source: MD DHMH, Vital Statistics Administration Annual Reports
US Data: USCDC, National Vital Statistics Reports, "Births: Preliminary Data for 2012."

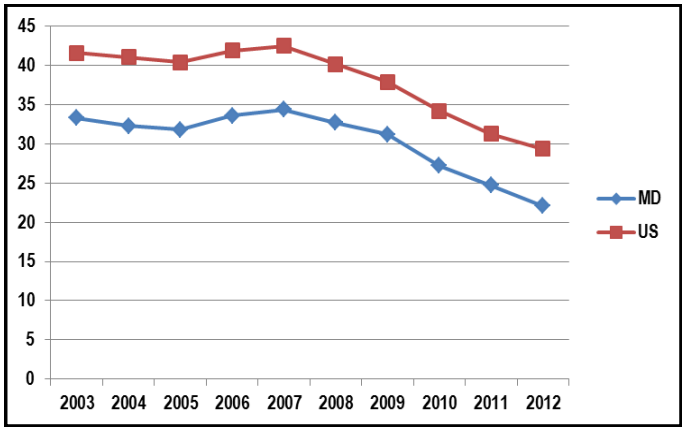
Story Behind the Data: Low birth weight (LBW) is a significant contributor to infant mortality, and infants with LBW are also at increased risk of developmental delays. Babies may be born either prematurely (before 37 weeks gestation) or full-term (37 to 41 weeks gestation) but small for gestational age.

The percent of infants with LBW born in Maryland, at 8.8% in 2012, continues to be higher than the national average, at 8.0%. While the percent of infants with LBW increased in Maryland and nationally between 2001 and 2006, the rate declined in Maryland and nationally since that time.

Some of the same racial disparities occur in LBW as in infant mortality, with Black infants nearly twice as likely to be born at LBW as compared to White infants.[3] Key maternal risk factors for LBW include chronic disease, smoking, obesity, unintended pregnancy, late or no prenatal care, and maternal age. As LBW is one of the leading causes of infant mortality in Maryland, many of the interventions established by the Babies Born Healthy Program mentioned in the Infant Mortality section also serve to reduce the percentage of LBW infants.

LBW remains a key indicator both in Maryland and nationally, where one of the *Healthy People 2020* goals is to reduce low birth weight births to 7.8% of all live births. (HealthyPeople.gov).

Births to Adolescents: The rate of births to adolescent females ages 15 through 19 years, per 1,000 age specific population.[4]



Adolescent Birth Rate per 1,000 women (ages 15-19 yrs), Maryland, U.S., 2001-2012										
	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
MD	33.3	32.3	31.8	33.6	34.4	32.7	31.2	27.2	24.7	22.1
US	41.6	41.1	40.4	41.9	42.5	40.2	37.9	34.2	31.3	29.4

* US data for 2012 are preliminary
Data Source: MD DHMH, Vital Statistics Administration Annual Report 2012

Story Behind the Data: Maryland's teen birth rate has declined by 42% since 2001. In 2012, the birth rate to adolescents ages 15 through 19 reached 22.1 per 1,000 population. The rates among White non-Hispanic, Black non-Hispanic, and Hispanic teens all declined in comparison with 2011 rates, at 12.3, 33.0, and 44.6, respectively.

Maryland's adolescent teen birth rate has been substantially lower than the national rate over the last ten years, while tracking the national decline in teen births over this period.

Maryland's teen pregnancy prevention efforts focus on clinical and educational programming. Adolescents are served in family planning clinics and school-based health centers Statewide. Services include family planning and reproductive health services and counseling. The State Personal Responsibility Education Program (PREP) and Abstinence education programs provide curriculum-based programs in school, after school and community settings for adolescents and their parents/caregivers. The target population for educational programs range from age 10 through the early 20s.

01 HEALTH
HEALTHY CHILDREN

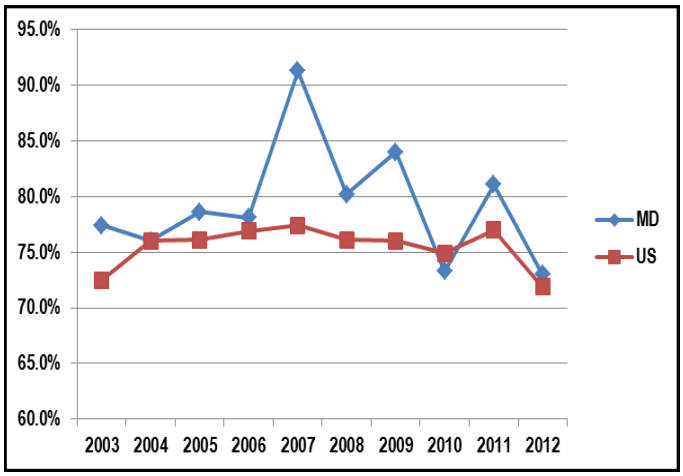
Indicators:		Five Year Trend	Average Yearly Percent Change*	Recent Year Percent Change	Recent Year Measurement
Immunizations	The percent of children aged 19–35 months who have received the full schedule of recommended immunizations.	▼	-1.8%	-10.0%	73.0%
Hospitalizations	The rate of nonfatal injury hospitalizations to children ages 0-21 years per 100,000 of the population.				
	Unintentional Injuries	▲	-7.1%	-5.2%	214.2 per 100,000
	Assault Injuries	▲	-10.1%	-15.7%	36 per 100,000
	Self-Inflicted Injuries	▼	2.8%	-2.5%	47.4 per 100,000
Deaths	The rate of deaths to children ages 0-21 years per 100,000 of the population.	▲	-5.5%	-3.1%	57.2 per 100,000

▲ Indicates an area of positive growth.

▼ Indicates an area of negative growth.

*Indicates average yearly percent change over five year period unless otherwise noted.

Immunizations: The percent of children aged 19 through 35 months who have received the full schedule of recommended immunizations.[5]



Estimated Vaccine Coverage of Children Ages 19 through 35 Months										
Survey Year	**2003**	**2004**	**2005**	**2006**	**2007**	**2008**	**2009**	**2010**	**2011**	**2012**
MD	77.4%	76.0%	78.6%	78.1%	91.3%	80.2%	84.0%	73.3%	81.1%	73.0%
US	72.5%	76.0%	76.1%	76.9%	77.4%	76.1%	76.0%	74.9%	77.0%	71.9%

Data Source: National Immunization Survey (NIS) of children aged 19-35 months using random digit dialing methods.

Story Behind the Data: The immunization status of young children is a positive predictor of avoidance of illness, death, disability, or developmental delays associated with immunization-preventable diseases. Maryland's 2012 immunization rates were above the national average for children aged 19 through 35 months, at 73.0% versus the national average of 71.9%.[6]

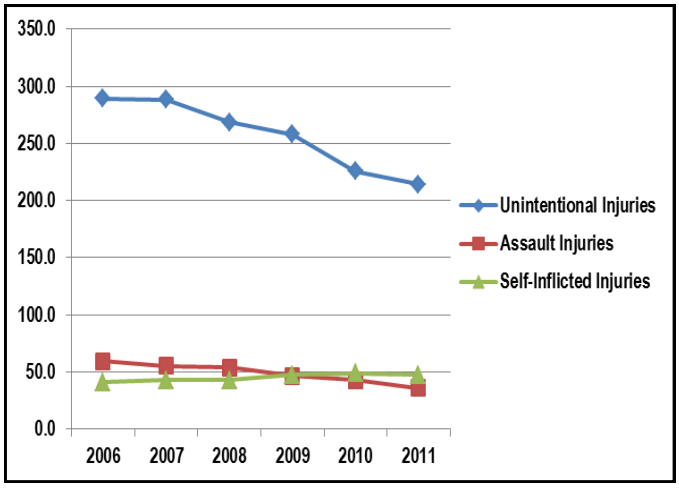
2012 rates represent a decline in comparison with the last few years; however, this year, the CDC survey results of children 19 through 35 months included Haemophilus influenzae B vaccine data as a part of the overall coverage rate for Maryland and the US, which had previously been excluded due to a three year nationwide shortage of the vaccine. This likely accounts for at least a portion of the decline.

Maryland continues to exhibit strong immunization rates amongst enrolled kindergarteners. To comply with the Code of Maryland Regulations, schools report the number of fully-vaccinated students enrolled in kindergarten. From 2003 to 2013, 98% or more of Kindergarten students have been fully vaccinated. More than 99% of the kindergarteners surveyed had immunization records. The rates of DTaP, Polio, and Varicella vaccinations were over 99%. Some counties reported close to 100% vaccination rates.

In addition, the Department of Health and Mental Hygiene's ongoing work with private vaccine providers through an initiative known as VFC/AFIX (Assessment, Feedback, Incentive, Exchange), an analytical and quality control tool, has shown positive results. VFC/AFIX involves annual visits to physicians' offices, where patient charts are reviewed to ensure immunization records are up-to-date. In those instances where they are incomplete, the physician is urged to correct the missed opportunity.

01 HEALTH
HEALTHY CHILDREN

Hospitalizations: The rate of nonfatal injury hospitalizations to children ages 0-18 years, 19-21 years, and 0-21 years per 100,000 age specific population for selected categories of injury (unintentional, assault, self-inflicted).[8]



Nonfatal Injury* Hospitalization Rate among Children (0-21 yrs) per 100,000, by Calendar Year						
	2006	**2007**	**2008**	**2009**	**2010**	**2011**
Unintentional Injuries	289.5	288.3	268.5	258.2	226.0	214.2
Assault Injuries	59.4	55.4	53.9	46.3	42.7	36.0
Self-Inflicted Injuries	40.9	42.6	42.7	47.3	48.6	47.4

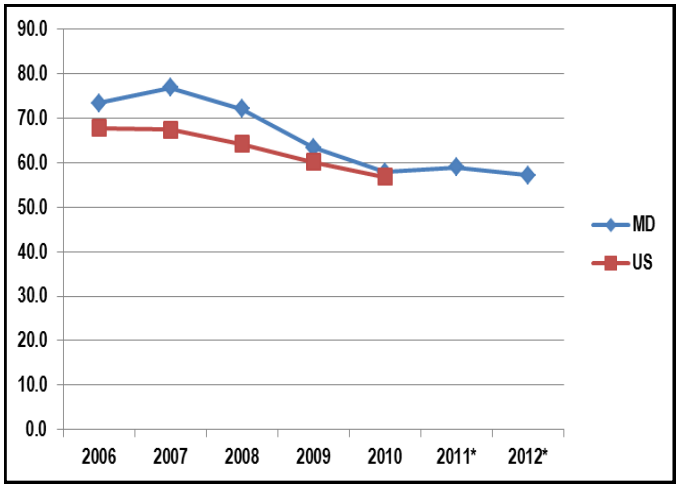
Story Behind the Data: Childhood injuries requiring inpatient hospitalization present risks of long-term illness and disability. Not only are the injuries themselves traumatizing for the child and family, but also the cost to public and private medical insurance for care is high. Injuries may be the result of unintentional or intentional events. Most unintentional injuries are related to motor vehicles, falls, fires and burns, poisonings, choking and suffocation, and drowning.[9] Intentional injuries include assaults and self-inflicted injuries.

In 2011, there were 3,578 total inpatient hospital discharges for unintentional injury; 602 discharges for injuries due to assault; and 791 discharges for self-inflicted injuries among Maryland children ages 0-21. Non-Hispanic Black children had the highest rate of assault injury hospitalizations at 80.8 per 100,000, which was over five times higher than the rate among non-Hispanic Whites and nearly nine times higher than among Hispanic children. Non-Hispanic White children had the highest rate of self-inflicted injury hospitalizations at 61.1 per 100,000.

From 2006 through 2011, the rate of hospitalizations due to unintentional injuries among children ages 0 to 21 has declined by 26%. The rate of hospitalizations due to assault decreased by 39% over this period. The rate of self-inflicted injury hospitalizations increased 16% over this period. In 2010, motor vehicle accidents were the third-leading cause of injury-related emergency room visits for children ages 5-14. In order to reduce this rate,[10] the statewide program, *Kids in Safe Seats*, provides free inspection of car seat installations and free car seats to those in need. This program, along with other injury prevention programs, is administered by the Environmental Health Bureau at DHMH.[11]

Additionally, with funding from Maryland's *Rape and Sexual Assault Prevention Program* (*RSAPP*), some of the State's local rape crisis centers have been conducting educational sessions with youth covering topics such as healthy relationships, and have started implementing child abuse prevention programming. This funding has also supported participating local school systems in purchasing curricula and providing prevention-based education to students on topics such as bullying, teen dating violence, and healthy relationships.

Child Deaths: The rate of deaths to children ages 0-21 per 100,000 in the age specific population.[12]



Child (0-21 yrs) Death Rate per 100,000							
	2006	2007	2008	2009	2010	2011*	2012*
MD	73.4	77.0	72.1	63.4	57.9	59.0	57.2
US	67.8	67.5	64.3	60.2	56.8		

* U.S. data for 2011 and 2012 not yet available
Data Sources: MD DHMH, Vital Statistics Administration, Population: MDP Population Estimates
U.S.: Centers for Disease Control and Prevention, National Center for Health Statistics, CDC Wonder Online Database

Story Behind the Data: This indicator measures the worst health outcome for children. Child deaths due to homicide, suicide, and unintentional injury are all deemed potentially preventable, and responsive to interventions designed to reduce these deaths.

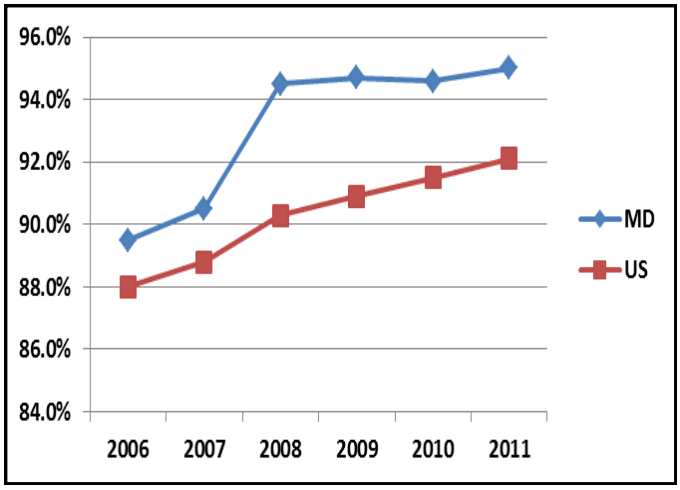
Maryland's child (0-21 years) death rate decreased by 22% between 2006 and 2012 to 57.2 per 100,000 population. In 2012, 953 children between the ages of 0 and 21 years died. Death rates were higher among children 19-21 years old, 84.4 per 100,000, compared to children 0-18 years, 52.6 per 100,000. Mortality was highest among non-Hispanic Black children, 83.4 per 100,000, and substantially lower among non-Hispanic White children, 44.1 per 100,000, and Hispanic children, 46.2 per 100,000. Since 2006, deaths among non-Hispanic Black children decreased by 25%, deaths among non-Hispanic White children by 27%, and deaths among Hispanic children by 6%.

Maryland's child (0 to 21 years) death rates have consistently been higher than national death rates for the last 7 years; however, the gap has narrowed. In 2010, the last year for which U.S. data are available, the Maryland child death rate per 100,000 was 57.9 compared to the national rate of 56.8.

In order to address this issue, Maryland's jurisdictions each have a Child Fatality Review Team which meets regularly to review unexpected deaths to children living in each area. The purpose of these reviews is to identify changes in systems, policies, or practices at the local level which might reduce child deaths in the future. Examples of local Child Fatality Review Team activities include training and community outreach efforts addressing issues such as safe infant sleep practices, pool safety, CPR education, identification of child abuse, and gun safety.

01 HEALTH
NEW PERSPECTIVES IN CHILDREN'S HEALTH

Health Insurance Coverage: The percent of children who have health insurance coverage.



Percent of Children, Ages 0 to 19, with Health Insurance Coverage						
	2006	2007	2008	2009	2010	2011
MD	89.5%	90.5%	94.5%	94.7%	94.6%	95.0%
US	88.0%	88.8%	90.3%	90.9%	91.5%	92.1%

Data Source: United States Census Bureau, Small Area Health Insurance Estimates: http://www.census.gov/did/www/sahie/data/interactive/

Why is Insurance Coverage important to children's health? While children's health coverage does not affect a child's ability to get treatment if he or she is sick or injured, children without health insurance often do not get routine and preventive care, which can result in health risks going undetected until issues become more serious and treatment ultimately more expensive. Maryland has made great strides in improving health insurance coverage among children since 2006, when 10.5% of children were uninsured. As of 2011, the most recent data from the Small Area Health Insurance Estimate (SAHIE) of the United States Census Bureau shows that 95% of Maryland's children have health insurance. The greatest gains in insurance coverage occurred between 2007 and 2008, likely attributable to Medicaid expansion in Maryland for families below 100% of the Federal Poverty Level.[13]

Several other factors have also contributed to the increase in health care coverage for children, including non-profits like HealthCare Access Maryland, an organization that assists Maryland residents with enrolling in public healthcare coverage and navigating the complex healthcare system.[14] Additionally, the Department of Health and Mental Hygiene works with families to enroll children in the Maryland Children's Health Program (MCHP) and MCHP Premium for families below 300% of the Federal Poverty Level.[15]

Ensuring that children have access to health insurance is a vital component of the larger efforts to improve children's health outcomes. Another important part is improving access to needed community-based services. Many families experience difficulty identifying health services for their children, and gaining access to services can be nearly insurmountable in rural areas. With this problem in mind, Maryland's Office for Genetics and People with Special Health Care Needs created the *Maryland Children and Youth with Special Health Care Needs Resource Locator,*[16] which contains information on more than eight hundred resources that are searchable by a family's location.[17]

Obesity: The percent of Maryland youth who are obese, describe themselves as overweight, or are trying to lose weight for students in high school grades 9-12:

Percentage of Maryland public school students in grades 9-12 who:	2005	2007	2009	2011
Are overweight or obese (measured by the BMI)	28.7%	28.3%	27.9%	27.4%
Describe themselves as overweight	27.4%	27.5%	27.5%	26.3%
Are trying to lose weight	42.5%	42.6%	43.7%	44.2%

Weight Loss Methods Used:	2005	2007	2009	2011
Exercise	58.4%	57.1%	60.1%	59.1%
Dieting	38.6%	38.8%	36.4%	44.2%
Fasting	10.3%	11.5%	10.7%	15.2%
Diet Pills	5.5%	5.7%	5.4%	6.3%
Vomiting/Taking Laxatives	3.2%	6.5%	5.9%	5.8%

Data Source: The Maryland Youth Risk Behavior Survey (YRBS)

How does Obesity impact children's health? Obese youth are at risk for factors associated with cardiovascular disease (e.g., cholesterol or high blood pressure), bone and joint problems, sleep apnea, and poor self-esteem. Obese youth are also more likely to become obese adults, and therefore, are at risk for the associated adult health problems, such as heart disease, type 2 diabetes, stroke, cancer, and osteoarthritis.

- The percentage of Maryland youth who are overweight or obese, or who describe themselves as overweight remained relatively unchanged between 2005 and 2011. Approximately one in four Maryland youth is overweight or obese (27.4% in 2011).
- Nearly half (44.2%) of Maryland youth are trying to lose weight, more so among females than males (58.0% vs. 31.0%), although there is no statistically significant difference between males and females who are overweight or obese or describe themselves as such.
- Between 2005 and 2011, there was a significant increase in the percentage of Maryland youth who reported not eating for 24 hours or more to lose weight or to prevent weight gain (10.3% in 2005 vs. 15.2% in 2011), but there was no change between 2009 and 2011.
- The percentage of females who reported not eating for 24 hours or more to lose weight or to prevent weight gain increased from 14.3% in 2009 to 20.9% in 2011.
- One in five (20.9%) females reported not eating for 24 hours or more to lose weight or to prevent weight gain while only 9.4% of males reported doing so.

NEW PERSPECTIVES IN CHILDREN'S HEALTH

- The percentage of Maryland youth who vomited or took laxatives to lose weight or to prevent weight gain increased from 3.2% in 2005 to 5.8% in 2011, but remained stable between 2009 and 2011.

The Maryland State Department of Education (MSDE) supports programs in comprehensive health and physical education, as both content areas address the health and wellness of Maryland's students. MSDE also works closely with the Maryland Association for Health, Physical Education, Recreation, and Dance, an organization that supports teachers across the State, to help promote best practices in physical education. MSDE also supports local wellness policy initiatives, creating a number of resources and holding annual meetings to assist local implementation of wellness policies.

Moreover, the increasing rates of hunger in Maryland due to the economic recession have likely caused a similar increase in obesity rates. While it may seem counterintuitive, obesity and hunger can coexist in the same individual due to additional risk factors associated with poverty. These factors include:

- Limited access to full-service grocery stores and farmer's markets;
- The expense of healthy food options;
- Greater availability of cheap, processed food; and
- A propensity to skip meals to stretch food budgets yet overeat when food is available.

For these reasons, and many others, there is an increased focus on providing individuals and families receiving food benefits with nutrition education. By addressing hunger and access to healthy foods, Maryland will be able to limit both the rates of food insecurity and obesity.

Substance Use: The illegal use of alcohol, tobacco, and other drugs (ATOD) by Maryland youth. Use of ATOD poses many health risks for youth. Early use of some substances (*e.g.*, alcohol, tobacco, and marijuana) is associated with later drug use and the prevalence of high-risk behaviors.

Alcohol Use - Percentage of Maryland public school students in grades 9-12 who:	**2005**	**2007**	**2009**	**2011**
Have ever had a drink of alcohol	73.1%	72.9%	67.2%	63.5%
Had a drink of alcohol before age 13	24.8%	23.5%	24.5%	23.2%
Are current drinkers (at least one drink of alcohol on at least 1 day during the 30 days before the survey)	39.8%	42.9%	37.0%	34.8%
Are binge drinkers (five or more drinks of alcohol, within a couple of hours, on at least 1 day during the 30 days before the survey)	20.8%	23.9%	19.4%	18.4%

Tobacco Use - Percentage of Maryland public school students in grades 9-12 who:	**2005**	**2007**	**2009**	**2011**
Ever tried cigarette smoking	48.5%	50.3%	43.5%	41.2%
Smoked a whole cigarette before age 13	13.7%	13.4%	10.8%	10.9%
Are current cigarette smokers (smoked cigarettes on at least 1 day during the 30 days before the survey)	16.5%	16.8%	11.9%	12.5%
Are heavy cigarette smokers (smoked more than 10 cigarettes per day on the days they smoked during the 30 days before the survey)	7.4%	7.4%	4.4%	4.4%
Are current smokeless tobacco users (used chewing tobacco, snuff, or dip on at least 1 day during the 30 days before the survey)	2.9%	4.2%	5.4%	7.2%
Are current cigar smokers (smoked cigars on at least 1 day during the 30 days before the survey)	11.6%	11.0%	12.7%	12.9%

Marijuana Use - Percentage of Maryland public school students in grades 9-12 who:	**2005**	**2007**	**2009**	**2011**
Have ever tried marijuana	38.2%	36.5%	35.9%	37.0%
Tried marijuana for the first time before age 13	8.9%	8.6%	8.1%	8.5%
Are current marijuana users (used marijuana one or more times during the 30 days before the survey)	18.5%	19.4%	21.9%	23.2%

Other Drug Use - Percentage of Maryland public school students in grades 9-12 who ever used the following drugs one or more times.	**2005**	**2007**	**2009**	**2011**
Cocaine (including powder, crack, or freebase)	6.9%	5.5%	6.3%	5.9%
Methamphetamines	4.0%	3.0%	4.3%	4.5%
Heroin	2.6%	2.4%	4.1%	4.2%
Ecstasy	5.0%	6.3%	6.4%	6.9%
Steroids (pills or shots without prescription)	3.6%	2.5%	3.9%	5.0%
Inhalants (glue, aerosol cans, paint)	12.5%	12.9%	11.0%	9.4%

01 HEALTH
NEW PERSPECTIVES IN CHILDREN'S HEALTH

Why is Substance Use an important indicator for children's health? Youth who begin drinking in early adolescence are four times more likely to develop alcohol dependence than those who abstain until adulthood. Alcohol use among youth is associated with a variety of health and social problems, including injuries, accidental deaths, suicide, antisocial behavior, and violence.

Between 2005 and 2011, there was a significant decrease in the percentage of Maryland youth who had ever had a drink of alcohol, both overall and among males. While not significant, a greater percentage of females (66.8%) than males (59.8%) reported ever having had a drink of alcohol. There was no significant change in other alcohol use behaviors; however, just over one-third (34.8%) of Maryland youth are current alcohol drinkers and nearly one-fifth (18.4%) of youth engage in binge drinking.

The overwhelming majority of adult cigarette smokers initiated and established the habit during adolescence. Although youth may not recognize the short-term impact of cigarette use, damage to the respiratory and cardiovascular systems is almost immediate, and many of the long-term diseases—such as lung cancer—are more prevalent among adults who began smoking in their adolescence. The majority of tobacco use behaviors remained unchanged between 2005 and 2011, but there was a significant increase in the use of smokeless tobacco, overall and among males.

The use of illegal drugs among youth has been associated with antisocial behavior, academic problems, violence, and unintentional injuries. Nationwide, 18% of drivers killed in motor vehicle accidents tested positive for illegal drugs. Additionally, illegal drug use contributes directly and indirectly to HIV/AIDS rates. Overall, the percentages of youth who have ever tried marijuana, tried marijuana for the first time before age 13, and are current marijuana users has not changed significantly between 2005 and 2011. Current marijuana use among males, however, has increased significantly.

Between 2005 and 2011, there was a significant increase in the percentage of youth who had ever used a needle to inject an illegal drug into their body. There was no significant change, however, in inhalant, ecstasy, cocaine, and steroid use among youth overall. There was a significant decrease in inhalant use among females from 13.6% to 8.2% (data not shown). Significantly more males than females have ever used heroin or steroids.

While substance abuse prevention must be addressed by all stakeholders, MSDE continues to assist local school systems in developing, implementing, and sustaining scientifically-based research programs to prevent and reduce ATOD use in and around schools. Substance abuse prevention education is also taught as part of comprehensive health education in Kindergarten through 12th grade in all Maryland public schools.

[1] For Maryland data, racial groupings were determined by the race of the mother.

[2] Maryland maps with birth and infant mortality data by jurisdiction are available at: http://eh.dhmh.md.gov/infantmortality/index.html and information on Maryland's Plan for Reducing Infant Mortality can be found at: http://dhmh.maryland.gov/babiesbornhealthy/pdf/Plan_Reducing_Infant_Mortality_MD_Dec2011.pdf

[3] For Maryland data, racial groupings were determined by the race of the mother.

[4] Jurisdictional data is presented in age groups: 10 - 14, 15 - 17, and 18 - 19. As pregnancies between ages 10 and 14 occur at a much lower rate than in age groups 15-19, there is greater variability between reporting years in the 10-14 year age group.

[5] The recommended full schedule is 4 doses of diphtheria vaccine, 3 doses of polio vaccine, 1 dose of measles-containing vaccine, 3 doses of Hib vaccine, 3 doses of hepatitis B vaccine, and 1 dose of varicella vaccine (4:3:1:3:3:1 series).

[6] For 2012 data, the 95% confidence interval was ±6.8% for Maryland, compared with ±1.4% for the national data. Therefore, Maryland data may not reflect immunization coverage as accurately as the national data.

[7] For more information on the work of Maryland's Center for Immunization, visit ideha.dhmh.maryland.gov/OIDEOR/IMMUN

[8] These data refer to encounters with the healthcare system, not to individuals or to incidents. Recurring visits, either for the same injury or for subsequent injuries, were counted separately. Out-of-state hospitalizations for Maryland residents are not included in these data.

[9] The unintentional injury category excludes those injuries due to medical procedure and therapeutic drug adverse events.

[10] Injuries in Maryland: 2010 Statistics on Injury-related Emergency Department Visits, Hospitalizations and Deaths. MD DHMH

[11] http://phpa.dhmh.maryland.gov/SitePages/environmental_health.aspx.

[12] Jurisdictional data is grouped by ages: 0-18 and 19-21. Caution should be used when interpreting small numbers.

[13] "House approves Medicaid expansion," Laura Smitherman. *Baltimore Sun*, November 19, 2007. http://articles.baltimoresun.com/2007-11-19/news/0711190052_1_health-care-health-insurance-omalley.

[14] http://www.healthcareaccessmaryland.org/about/our-organization

[15] http://dhmh.maryland.gov/gethealthcare/SitePages/Home.aspx.

[16] Locator is available online at: http://specialneeds.dhmh.maryland.gov/.

[17] "State Launches Online Resource Database for Children and Youth". DHMH Press Release, February 14, 2013. http://dhmh.maryland.gov/newsroom/Pages/Resource-Database-for-Children-and-Youth.aspx.

[18] The Maryland Youth Risk Behavior Survey (YRBS) is part of the Youth Risk Behavior Surveillance System (YRBSS) developed in 1990 by the U.S. Centers for Disease Control and Prevention (CDC) to monitor behaviors that affect morbidity (disease) and mortality (death) among high-school-age youth. The YRBS monitors several categories of health-risk behaviors among youth. The 2011 Maryland YRBS was administered in the spring of 2011 to students in a representative sample of Maryland public high school classrooms. A total of 2,920 students in 30 Maryland public high schools completed the survey. The school response rate was 100%, and the overall student response rate was 72%. The 2011 Maryland YRBS results are representative of all Maryland's public school students in grades 9–12.

02 EDUCATION

Indicators:

Kindergarten Assessment

The percent of students enrolled in public school Kindergarten in Maryland that score Full Readiness on the Kindergarten Assessment.

	Five Year Trend	Average Yearly Percent Change*	Recent Year Percent Change	Recent Year Measurement
Composite	▲	**4.9%**	**-1.3%**	**82%**
Social & Personal	▲	4.1%	-0.5%	80%
Language & Literacy	▲	5.9%	-0.8%	72%
Mathematical Thinking	▲	4.6%	-2.7%	75%
Scientific Thinking	▲	11.1%	-0.8%	70%
Social Studies	▲	3.4%	-0.5%	76%
The Arts	▲	4.4%	-1.1%	84%
Physical Development	▲	3.2%	0.6%	90%

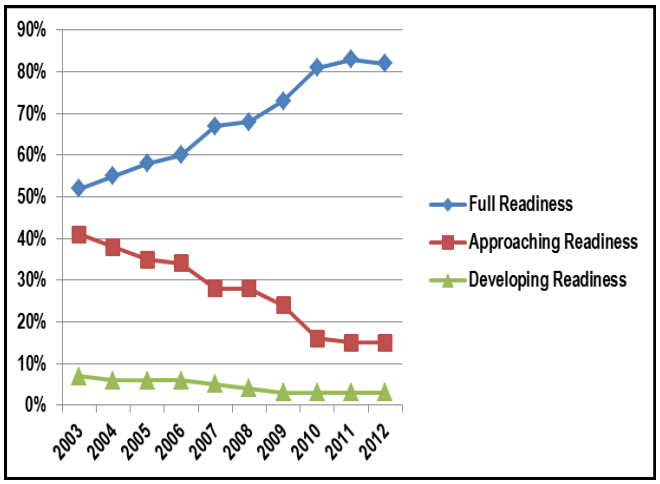
▲ Indicates an area of positive growth.

▼ Indicates an area of negative growth.

*Indicates average yearly percent change over five year period unless otherwise noted.

02 EDUCATION
SCHOOL READINESS

Kindergarten Assessment: The percentage of composite scores for students based on their readiness in the domains of the Maryland Kindergarten Assessment.



Percentage of Composite Scores for Maryland Kindergarten Students Based on Their Readiness in the Domains of the Maryland Kindergarten Assessment, by Fiscal Year										
	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
Full Readiness	52%	55%	58%	60%	67%	68%	73%	81%	83%	82%
Approaching Readiness	41%	38%	35%	34%	28%	28%	24%	16%	15%	15%
Developing Readiness	7%	6%	6%	6%	5%	4%	3%	3%	3%	3%

Story Behind the Data: Research shows that children who have access to high-quality early-learning experiences are more likely to complete high school, graduate college, and become productive citizens. Additionally, a Maryland study conducted by the Regional Economics Studies Institute (RESI) at Towson University shows that for every $1 spent on high quality early childhood education, society saves as much as $4 in remedial and corrective services.

The annual MSDE Kindergarten Assessment—known as the assessment component of the Maryland Model for School Readiness (MMSR) - helps Kindergarten teachers document and evaluate children's skills, knowledge, behavior, and academic accomplishments across a variety of curricular areas. These areas are represented by the following domains: social and personal development, language and literacy, mathematical thinking, scientific thinking, social studies, the arts, and physical development. Each student is scored on his or her performance in each of these domains, and then a composite score (overall readiness level) is computed from the student's assessment scores across all seven domains.

Student readiness assessment information reflects scores for each of the seven domains and the composite score of all domains. Assessment information is also analyzed for each of the seven domains and the composite score by the following demographic information:

- Race/ethnicity;
- Gender;
- Prior early care;
- Special education;
- English Language Learners (ELL); and
- Enrollment in free and reduced priced meals program (FARMs)

SCHOOL READINESS

Kindergarten teachers use the Work Sampling System® (WSS) with all children throughout the school year. For the annual MSDE report, *Children Entering School Ready to Learn*, Kindergarten teachers provide information on students' skills for the first (fall) grading period. To do so, teachers use portfolio-based assessments to document their students' classroom performance during the first eight weeks of school. The fall assessment ratings are done on 30 WSS® performance indicators that reflect the skills and abilities that can reasonably be expected from children upon entering Kindergarten. Reporting of the scores reflects the percentage of students who have reached one of the following levels of readiness:

- **Full Readiness:** Students consistently demonstrate skills, behaviors, and abilities, which are needed to meet Kindergarten expectations successfully.

- **Approaching Readiness:** Students inconsistently demonstrate skills, behaviors, and abilities which are needed to meet Kindergarten expectations successfully and require targeted instructional support in specific domains or specific performance indicators.

- **Developing Readiness:** Students do not demonstrate skills, behaviors, and abilities, which are needed to meet Kindergarten expectations successfully and require considerable instructional support in several domains or many performance indicators.

In 2001-2002, the percentage of children rated as "fully ready for school" by the MMSR Kindergarten Assessment was 49%, with 44% percent of children rated as "approaching readiness." By 2012-2013, the "fully ready" percentage had risen to 82%, with only 15% rated as "approaching readiness." While many factors may have contributed to this dramatic improvement, there is a clear correlation between a child's performance on the MMSR Assessment and the child's predominant prior care experience during the year preceding entry into kindergarten. Specifically, exposure to an early care and education environment that supports the development of learning-related skills and behaviors during the year prior to kindergarten appears to influence greatly a pre-school child's chances for success in kindergarten and later grades.

In 2001-2002, 25.0% of kindergarteners had been enrolled in public pre-K programs; in 2012-2013, that figure climbed to 43.1%. In addition, during that 11-year period, child care licensing regulations were changed to require child care staff and providers to meet stricter professional qualification and training standards, and various initiatives to promote professional growth and development and to improve the overall quality of licensed child care throughout Maryland were launched. As a result, many more kindergarteners in 2012-2013 than in 2001-2002 were able to benefit from a more enriched, professional, and supportive prior care experience. The evidence of the 2012-2013 MMSR Assessment outcomes versus those from 2001-2002 therefore strongly suggests the importance of the prior care experience and its relevance to school success.

02 EDUCATION
SCHOOL READINESS

The 2012-2013 Maryland School Readiness Report provides the school readiness results of Maryland's children – Statewide, by subgroups, and for each of Maryland's 24 local jurisdictions. Encouraging results for 2012-2013 are:

- Eighty-two percent of entering kindergarteners in school year 2012-2013 are fully school-ready, up from 49% in 2001-2002. Although there was a slight (1 point) decline from last year in full readiness, the State exhibits an overall upward trend in the percent of kindergarteners fully ready.

- Maryland retains high readiness levels in all Domains of Learning, including: Language & Literacy (72% fully ready for 2012-2013), Mathematical Thinking (75% fully ready) and Scientific Thinking (70% fully ready).

- African-American kindergarteners made big strides: 79% of African-American children are fully school-ready in 2012-2013, up from 37% in 2001-2002 and on par with last year. The 42-point jump is substantially higher than the State's overall readiness gain and reduces the school-readiness gap between African-American and White children from 19 points to 9 points.

- Children also made progress in the face of economic obstacles. The percentage of kindergarteners from low-income households (as indicated by Free and Reduced Price Meal status) who are fully school-ready rose from 34% in 2001-2002 to 76% in 2011-2012 and 2012-2013. The 42-point increase from 2001-2002 reduced the school-readiness gap between children from low-income households and their peers from 18 points to 11 points in 2012-2013.

- Children attending public pre-Kindergarten (PreK) the year prior to entering Kindergarten continue to be well-prepared: 83% of these children are fully school-ready in 2012-2013, up from 47% in 2001-2002 and on par with 2011-2012. These children exceed the Statewide readiness average and show greater long-term improvements.

Indicators:			Five Year Trend	Average Yearly Percent Change*	Recent Year Percent Change	Recent Year Measurement
Academic Performance	**Maryland School Assessment**	The average percent of public school students in grades 3 through 8 performing at or above proficient levels in reading and mathematics on the MSA.	▲	1.4%	0.8%	83.6%
	High School Assessment	The average percent of public school students in grades 9 through 12 performing at the passing level in four core subjects of the Maryland HSA: Algebra, Biology, English 2, and Government.	-	0.0%	0.9%	82.9%
Truancy		Percent of public school students in all grades absent more than 20 days of the school year (excluding summer school).	▲	-2.6%	-4.4%	10.8%

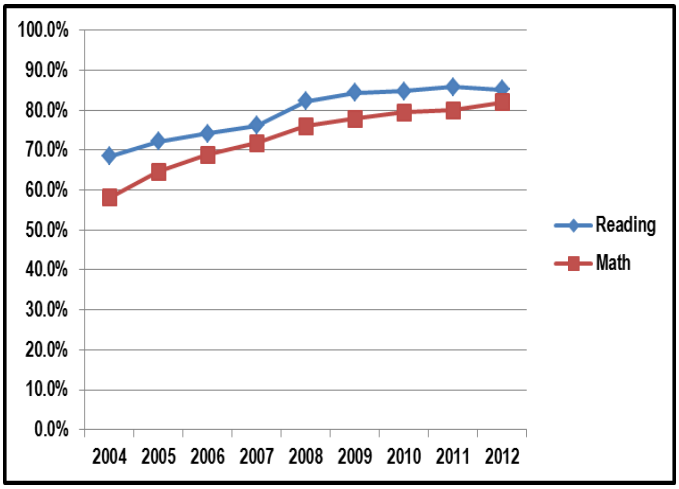
▲ Indicates an area of positive growth.

▼ Indicates an area of negative growth.

*Indicates average yearly percent change over five year period unless otherwise noted.

02 EDUCATION
SCHOOL SUCCESS

Maryland School Assessment: The average percent of public school students in grades 3 through 8 performing at or above proficient levels in reading and mathematics on the Maryland School Assessment (MSA).



Percentage of Students, Grades 3-8, Scoring At or Above Proficient on the Maryland School Assessment, by Academic Year									
	2004	2005	2006	2007	2008	2009	2010	2011	2012
Reading	68.4%	72.2%	74.2%	76.2%	82.2%	84.4%	84.8%	85.8%	85.2%
Math	58.1%	64.6%	68.9%	71.8%	76.0%	77.9%	79.5%	80.0%	82.0%

Story Behind the Data: The MSA requires students from grades 3 through 8 to demonstrate their knowledge of reading and math and produces a score that describes how well a student mastered the reading and math content specified in the Maryland Content Standards. Students with severe cognitive disabilities who are pursuing an alternate course of study based on their Individualized Education Program (IEP) take the Alt-MSA, Maryland's alternate assessment. Each child receives a score in each content area that categorizes his/her performance as basic, proficient, or advanced. This data provides parents, caregivers, teachers, and school administrators with objective information on how each student is progressing academically.

In 2012, MSDE received approval for Elementary and Secondary Education Act (ESEA) Flexibility by adhering to certain federal requirements for our public education system. The ESEA, commonly referred to as "No Child Left Behind" (NCLB), was created a decade ago to establish a system that focused on accountability, improving standards, and eliminating achievement gaps. The consequences of NCLB, however, are prohibiting some states from developing new and innovative reforms. As a result, the U.S. Department of Education (USDE) has offered states flexibility around 12 of the provisions of NCLB. Maryland is one of 34 states and the District of Columbia to receive approval on its Flexibility Request.

As a result of ESEA Flexibility, schools will now be measured using the new Maryland School Progress Index (SPI). SPI is based on high expectations and multiple measures that include student achievement data in English/Language Arts, Mathematics, and Science; growth data in English/Language Arts and Mathematics; and, gaps, based on the gap score between highest-achieving and lowest-achieving subgroup in English/Language Arts, Mathematics, Science, Cohort Graduation and Cohort Dropout rates. Maryland's Progress Index will differentiate schools into one of five strands which determine the district and State support schools receive. The State affords top-performing schools greater flexibility while lower-performing schools receive progressively more prescriptive technical assistance, expectations, and monitoring.

ESEA Flexibility does not retreat from Maryland's long-standing work to improve schools through accountability. It does, however, make some fundamental changes to the way the State implements accountability measures going forward. The NCLB continuum of sanctions known as the School Improvement Process and its measuring system, known as Adequate Yearly Progress (AYP), are no longer part of Maryland's accountability system. As part of the new accountability system, Maryland has identified three groups of Title I schools (Reward, Priority, and Focus) to allow for the most specialized attention and support for each specific school and to focus on closing the achievement gaps within all schools.

Achievement information for schools, school systems, and the State is published in the annual *Maryland Report Card*. This report provides SPI charts for each public school and local school system, showing the school/ system's progress on each ESEA Flexibility performance goals.

Comparing the percentage of children scoring in the Proficient level from 2010-2012 across each grade level, there was an increase in 3rd grade (1.6%) and 8th grade (1.1%) in Reading, and there was an increase in 7th grade (0.3%) and 8th grade (0.3%) in Mathematics.

Similarly, comparing the percentage of children scoring in the Advanced level from 2010-2012 across each grade level, there were increases in 4th grade (4.7%), 5th grade (1.8%), and 7th grade (0.6%) in Reading, and increases in 3rd grade (4.6%), 4th grade (4.6%), 5th grade (5.2%), 6th grade (5.8%), 7th grade (3.5%), and 8th grade (3.6%) in Mathematics.

Overall, the data shows significant improvement in both reading and math over the last several years, as teachers used information from formative assessments, benchmarks, and the summative assessments (MSA) to identify areas of need. The result was a series of interventions and supports aimed at assisting students who struggled with identified standards, allowing for improved scores overall.

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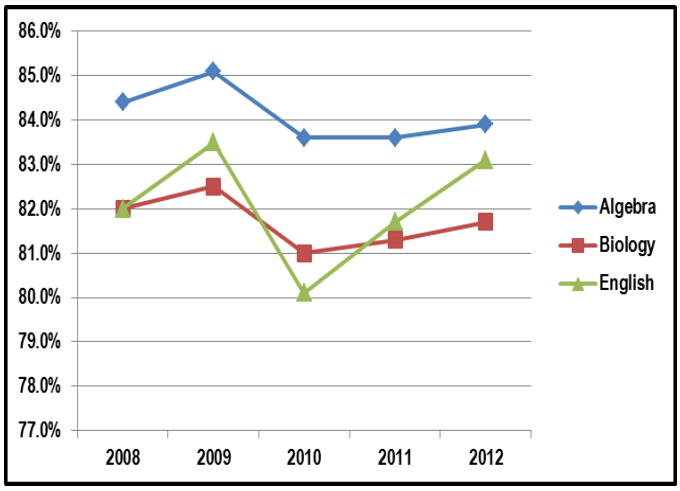
High School Assessment: The percentage of public school students in grades 9 through 12 performing at the passing level in three or four core subjects of the Maryland High School Assessment (HSA): Algebra, Biology, English 2, and Government.



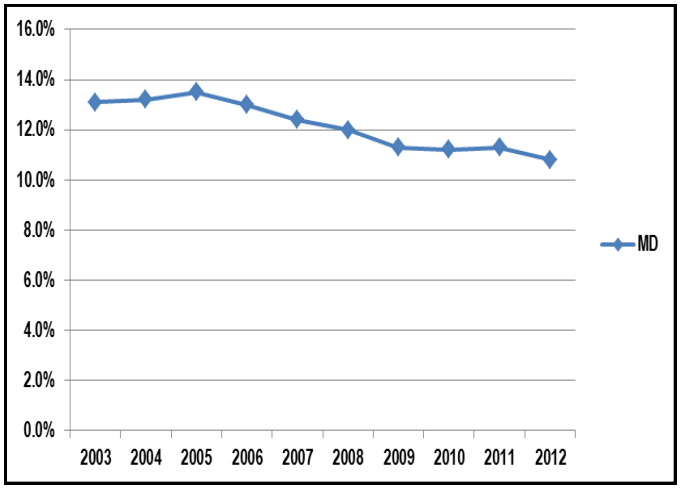
Percentage of Maryland High School Students Receiving a Passing Score in the Maryland High School Assessment, by Academic Year					
	2008	**2009**	**2010**	**2011**	**2012**
Algebra	84.4%	85.1%	83.6%	83.6%	83.9%
Biology	82.0%	82.5%	81.0%	81.3%	81.7%
English	82.0%	83.5%	80.1%	81.7%	83.1%

Story Behind the Data: The achievement of minimum academic standards affects graduation, adult achievement, and future academic pursuits, and ultimately contributes to the competitiveness of Maryland's workforce. Students take each High School Assessment (HSA) at the completion of the corresponding course. Accordingly, students may take these exams during any high school grade. In 2004, the State Board of Education ruled that, beginning with the class of 2009, public school students must pass the High School Assessments (HSA) to graduate.

On April 24, 2012, the State Board of Education approved the reinstatement of the Government HSA as a graduation requirement. As a result, entering 9th graders in the 2013-2014 school year will be required to pass or obtain a combined score of 1602 on the four high school assessments, algebra/data analysis, English, biology, and government to meet the graduation requirement. The first administration of the Government HSA in the 2013-2014 school year will be the January 2014 administration.

Each assessment test covers about 60% of a course's content, and takes approximately two and one-half to three hours to complete. In 2012, the percentage of students passing in each subject area increased slightly from the 2011 percentage of students passing the HSAs. For students who do not pass the HSA, additional instruction is available through the local school systems and students may retake the assessment multiple times. For students unable to pass the HSA after two attempts, the Bridge Plan for Academic Validation offers alternatives to the assessment.[1]

Truancy: Percentage of students in all grades (public schools) absent more than 20 days of the school year (excluding summer school).[2]



Percent of Maryland Public School Students Absent More than 20 Days by Academic Year										
	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
MD	13.1%	13.2%	13.5%	13%	12.4%	12%	11.3%	11.2%	11.3%	10.8%

Story Behind the Data: Absenteeism and truancy contribute to lost learning opportunities and have negative long-term consequences for students and communities. High levels of school absence are associated with a higher risk of school failure, high school dropout, delinquent behavior, substance abuse, and other high-risk behaviors.

The current data reporting system is structured to collect statistics for absences of more than 20 days, although it is important to note that these data do not differentiate between students with "excused" versus "unexcused" absences. Additionally, this measure does not include students enrolled for fewer than 91 days during the school year.

Maryland educators appreciate the significant role parents play in their children's education, and absentee rates from school are one measure of parent-school collaboration. Between 1999 and 2012, the percentage of students absent 20 or more days decreased from 13.7% to 10.8%.

The Maryland State Board of Education's family involvement policy, adopted in October 2001, is supportive of the fact that when schools, families, and community organizations work together to support learning, children tend to do better in school, stay in school longer, and like school more. Through this policy, MSDE is able to create professional development programs on family, school, and community involvement for school staff and families.

Additionally, through programs like Positive Behavioral Interventions and Supports (PBIS), Truancy Courts in four school systems, and a regional consortium on the Eastern Shore, as well as the strong involvement of Pupil Personnel Programs addressing individual involvement with local departments of social services, juvenile services, and the Attorney General's Office, Local School Systems are continuing to place an emphasis on school attendance and achievement.

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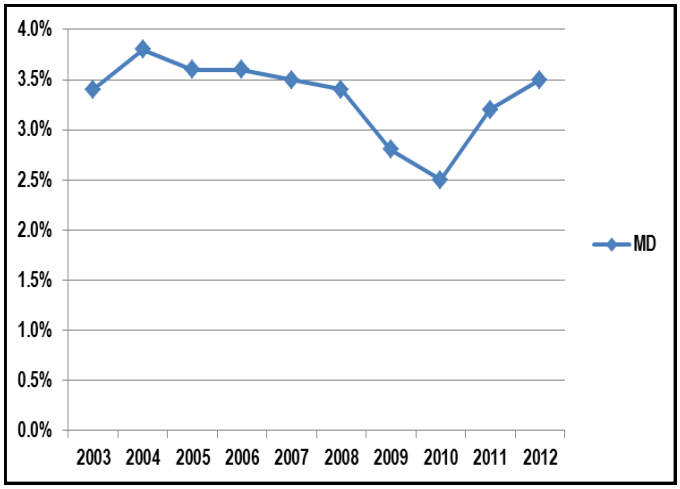
Indicators:		Five Year Trend	Average Yearly Percent Change*	Recent Year Percent Change	Recent Year Measurement
Dropout	The percent of public school students, grades 9-12, who withdrew from school before graduation or before completing a Maryland approved educational program during the academic year and are not known to have enrolled in another high school program.	▼	2.3%	9.4%	3.5%
Program Completion	The percent of high school graduates who successfully completed the minimum course requirements needed to enter the University System of Maryland, to complete an approved Career and Technology Education program, or who completed requirements for both.				
	University of Maryland	-	-0.8%	-0.9%	57.9%
	Career & Technology	-	-3.3%	3.3%	9.4%
	Both	-	2.4%	13.7%	11.6%
	Total	▼	-0.7%	1.5%	78.9%
Program Completion of Students with Disabilities	Percent of students with disabilities who exit special education by graduating or completing school.				
	With Diploma	▲	1.2%	-5.8%	38.0%
	With Certificate	▲	3.2%	5.4%	7.1%

▲ Indicates an area of positive growth.

▼ Indicates an area of negative growth.

*Indicates average yearly percent change over five year period unless otherwise noted.

High School Dropout: The percentage of public school students, grades 9-12, who withdrew from school before graduation or before completing a Maryland-approved educational program during the July to June academic year and are not known to have enrolled in another high school program during the academic year.



Percentage of Public High School Students, Grades 9-12, who Drop out of School - by Academic Year										
	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
MD	3.4%	3.8%	3.6%	3.6%	3.5%	3.4%	2.8%	2.5%	3.2%	3.5%

Story Behind the Data: In Maryland, local school systems collect data on the reasons why students drop out of school. These often include student mobility, lack of interest, and disciplinary reasons. From 2011 to 2012, the percentage of public high school students who dropped out of high school increased from 3.2% to 3.5%. In 2011, Maryland was below the national average in the measurement of teens ages 16 to 19 not in school and not high school graduates.[3]

In order to address this issue, MSDE has produced the *Dropout Resource Guide*. This guide, the first of its kind in the United States, highlights evidence-based programs and lists local school systems' dropout prevention programs and initiatives. Many dropouts, before they leave school, have been suspended. As a result, MSDE is engaged in discipline reform through updating the *Maryland Guidelines for a State Code of Discipline*. Additionally, MSDE is working with local school systems to develop strategies and interventions to reduce disruptive student behavior.

Systemically, school-based inventions begin with Student Support Teams. These school-based teams of educational professionals meet monthly to discuss students who are struggling maintaining academics, behavior, and attendance. Student Support teams identify school-based strategies to help students become successful. If students remain unsuccessful, they are referred to Pupil Personnel Workers (PPW).

Local School Systems utilize their PPWs to support students at-risk for dropout. Pupil Personnel Workers provide supports to families and students through case management on student attendance, behavior, and performance. Moreover PPWs can identify and connect services for a student through state or local agencies.

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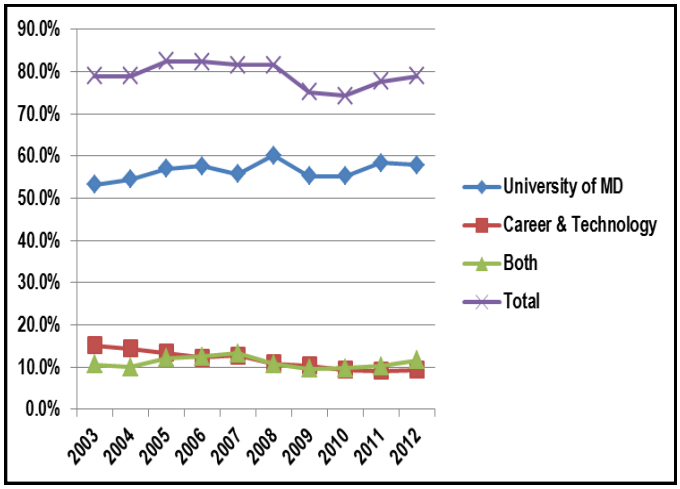
Additionally, Maryland has kept its dropout rate lower than the national average through the implementation of evidence based practices such as “Check and Connect,” and “Check-in/Check-out.”

- Check and Connect- Student support program that assigns a mentor/case manager to students who are struggling to complete school. This case manager monitors his/her caseload’s attendance, behavior, and academic performance.
- Check-in/Check-out- Student engagement practice that assigns a school staff member as a mentor to at-risk students. Before the student begins his/her school day, he/she checks in with an assigned mentor, and the student checks out with the mentor when he/she leaves.

Annually, data about dropouts is analyzed and technical assistance is provided to local school systems that are near or above the state standard of three percent. Technical assistance includes professional development, tools to monitor dropout, materials, and programs to reduce dropout. Additionally, all Maryland Local School Systems have alternative programs or centers for students struggling to be successful in a traditional school setting. The alternative programs offer smaller class sizes and allow students to build relationships with staff, improving student connectedness, which increases student resiliency.

High School Completion: The percentage of high school graduates who successfully completed the minimum course requirements needed to enter the University System of Maryland, to complete an approved Career and Technology Education program, or who completed requirements for both.



Percentage of High School Graduates who Meet the Requirements to Enter the University of MD System, Complete a Career and Technology Program, or Both, by Academic Year										
	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
University of MD	53.2%	54.5%	57.0%	57.6%	55.7%	60.1%	55.3%	55.3%	58.4%	57.9%
Career & Technology	15.1%	14.4%	13.4%	12.3%	12.7%	10.8%	10.3%	9.3%	9.1%	9.4%
Both	10.6%	10.0%	12.1%	12.5%	13.2%	10.7%	9.6%	9.7%	10.2%	11.6%
Total	78.9%	78.9%	82.5%	82.4%	81.6%	81.6%	75.2%	74.3%	77.7%	78.9%

Story Behind the Data: Between 2003 and 2012, the percentage of graduates who completed the requirements for both the University System of Maryland and the Career and Technology Education program has increased slightly. In 2003, 10.6% of graduates completed both sets of requirements as compared to 11.6% in 2012. The percentage of students completing the University System of Maryland requirements increased to 57.9% but has remained relatively consistent since 2002. The Career and Technology Education program increased over its 2011 rate but remains significantly below its 2003 rate, at 9.4%.

Since that year, Career and Technology Education programs have been updated to reflect the changing requirements for career entry and success. Working with business and industry partners, as well as with institutions of higher education, MSDE is developing and supporting 43 new State CTE Programs of Study. This will provide expanded opportunities for students to gain the academic and technical skills for entry into a career pathway. For a description of these CTE programs, please visit www.mdcteprograms.org.

CTE programs prepare graduates for a broad range of career opportunities based on Maryland's economy. For example, the fastest growing CTE programs are in the areas of pre-engineering and biomedical sciences – two key industry sectors with expanding opportunities in Middle-Skills jobs and advanced STEM careers. As Local School Systems adopt these programs, MSDE anticipates a significant growth in the overall percentage of students completing a CTE program and meeting University of Maryland requirements. MSDE encourages all students to complete both options so they are college and career ready.

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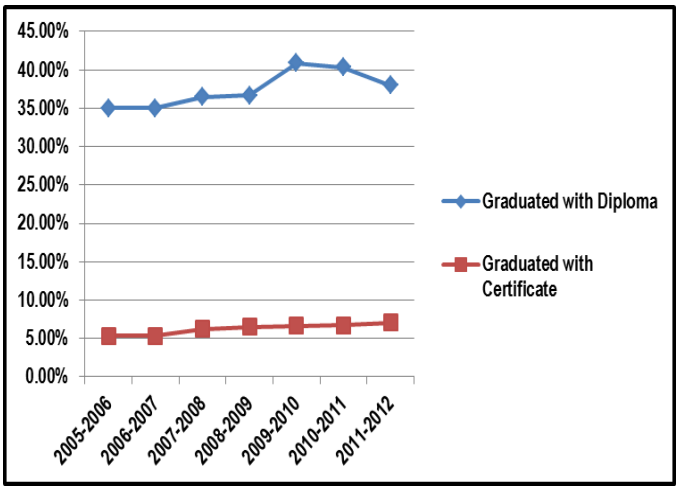
SCHOOL COMPLETION

Program Completion of Students With Disabilities:

The percentage of students with disabilities, ages 14 through 21 who graduate or complete school.



Students with Disabilities who Graduate with Diploma or Certificate, by Academic Year							
	2006	2007	2008	2009	2010	2011	2012
Graduated with Diploma	35.00%	35.00%	36.47%	36.68%	40.91%	40.30%	37.96%
Graduated with Certificate	5.35%	5.35%	6.25%	6.48%	6.63%	6.71%	7.07%

Data Sources: 2012 Maryland Data: Unpublished data provided by MSDE (State totals include students in non- jurisdictional agency placements). 2005-2012
National Data: U.S. Department of Education, Office of Special Education Programs, Data Analysis System (DANS) http://www.ideadata.org/PartBExiting.asp.

Story Behind the Data: The percentage of students with disabilities in Maryland who graduated/completed high school saw a steady increase between 2006 and 2011. However, in 2012, the percentage of students with disabilities in Maryland who graduated with a diploma decreased by more than two percentage points, while the percent graduating with a certificate saw a modest gain of .36%

Several factors have directly contributed to the recent decrease in the number of students with disabilities who received a high school diploma, including: more rigorous academic testing requirements for graduation and rapidly changing population demographics in both urban and rural school districts. MSDE is sensitive to the myriad of social, emotional and physical challenges often faced by students with disabilities, which if not addressed, can have an adverse impact on the dropout, truancy and suspension rates among this population. To address these concerns, Maryland is continuing to build, implement, and sustain special education programs and related services with evidence-based practices that will yield results in dropout prevention, re-entry, and school completion for these students.

Maryland is one of 48 states that is currently engaged in a diverse number of targeted, evidence-based interventions to improve graduation/school completion rates for students with disabilities including: Positive Behavioral Interventions and Supports, Universal Design for Learning, Response to Intervention, literacy initiatives, mentoring programs, transition supports, and recovery and re-entry programs.

In an effort to enhance the quality of life for students with disabilities and their families, MSDE, Division of Special Education and Early Intervention Services (DSE/EIS) launched a five-year strategic plan through January 2014. Focused on four strategic imperatives, the strategic plan is designed to advance the Division's overarching vision of narrowing the achievement gap for all children with disabilities from birth through age 21.

Strategic imperatives:

- **Early Childhood:** Early Childhood service delivery systems must be aligned and all providers must be highly effective and qualified.

- **Training:** Teacher/service provider training programs need to be designed to prepare all teachers/service providers to teach students with disabilities.

- **Access:** All students with disabilities must have access to rigorous universally designed instruction, targeted interventions, and appropriate assessments that move students towards college and career readiness.

- **Transition:** Providers of transition services need to be knowledgeable and equipped to support students with disabilities in post-secondary completion and employment.

As the #1 school system in the nation for the past five years, Maryland's students have benefited greatly from three new federal grants that were awarded to MSDE by the U.S. Department of Education. The Race to the Top (RTT) grant (2011); the Race to the Top, Early Learning Challenge Grant (RTTEC) grant (2012); and the State Personnel Development grant (2013) awards have allowed MSDE to create a number of new and innovative initiatives to facilitate school improvement and reform efforts at the state and local school system level (LSS). Targeted activities include:

- Supporting LSSs and Public agencies (PAs) in obtaining state-of-the-art assistive technology devices and providing training in their efforts to enhance access to the general curriculum for students with disabilities;

- Providing intensive district-wide professional development for special education and regular education teachers that focuses on scaling-up, through replication, proven and innovative evidence-based strategies in reading, math and positive behavioral supports to improve outcomes for students with disabilities;

- Developing and expanding the capacity to collect and use data to improve teaching and learning; and

- Expanding the availability and array of inclusive placement options for preschool age students with disabilities by developing the capacity of public and private preschool programs to serve this population of children.

The MSDE, Division of Special Education and Early Intervention Services will continue to monitor the number of children receiving special education and related services in Maryland who graduate with a high school diploma or certificate of completion. The DSE/EIS is committed to providing leadership, support, accountability for results, resource and fiscal management to our public and nonpublic schools, public/private agencies and key stakeholders in developing a seamless, comprehensive system of coordinated services to children and students with disabilities, birth through age 21 and their families.[4]

02 EDUCATION
SCHOOL TRANSITION

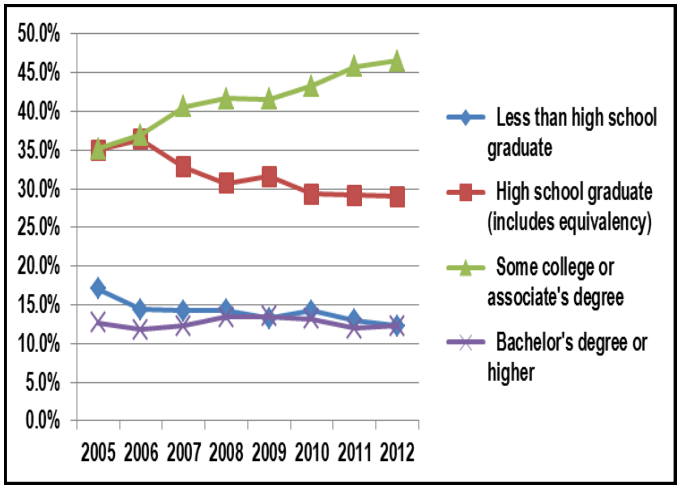
Indicators:		Five Year Trend	Average Yearly Percent Change*	Recent Year Percent Change	Recent Year Measurement
Educational Attainment	The percent of young adults 18 to 24 years old who have attained a high school diploma, associate's degree, or higher degree.				
	Less than high school	▲	-3.5%	-5.4%	12.3%
	High school	-	-1.3%	-0.7%	29.0%
	Some college or Associate's	▲	2.8%	1.5%	46.5%
	Bachelor's	▼	-2.0%	2.5%	12.3%
Youth Employment	Percentage of young adults ages 16 to 24 years old who are in the labor force.				
		▼	-1.7%	-1.3%	59.2%

▲ Indicates an area of positive growth.

▼ Indicates an area of negative growth.

*Indicates average yearly percent change over five year period unless otherwise noted.

Educational Attainment: The percent of young adults ages 18 through 24 who have not completed high school, completed high school, completed some college or an associate's degree, or attained a bachelor's degree or higher.



Educational Attainment of Young Adults Ages 18 - 24 in Maryland								
	2005	2006	2007	2008	2009	2010	2011	2012
Less than high school graduate	17.1%	14.4%	14.2%	14.3%	13.3%	14.2%	13.0%	12.3%
High school graduate (includes equivalency)	35.0%	36.4%	32.8%	30.7%	31.6%	29.3%	29.2%	29.0%
Some college or associate's degree	35.2%	37.0%	40.6%	41.7%	41.6%	43.3%	45.8%	46.5%
Bachelor's degree or higher	12.7%	11.8%	12.3%	13.4%	13.5%	13.2%	12.0%	12.3%

Data Source: Maryland American Community Survey 2005 - 2012 Total Estimate

Story Behind the Data: Educational attainment, including the type of education one receives, has a direct effect on a person's well-being and economic security throughout life. At a time when colleges and universities are re-evaluating the educational options offered to students to provide a high quality education for a lower cost, the benefits of higher education continue to outweigh entering the labor force prior to getting an associate's or bachelor's degree. The median salary for a college graduate is $56,853, nearly $25,000 more than the yearly salary of a high school graduate at $32,233.

In Maryland, the majority of young adults have at least an associate's degree or some college credits. The percentage of young adults ages 18 to 24 in Maryland who have earned a bachelor's degree or higher is almost 3% more than the national percentage of the same group. Although the percent of young adults who have attained a bachelor's degree has slightly decreased, a higher percentage of young adults are completing high school (however, the slight difference between years is within the margin of error). While a lower percent of young adults ages 18 to 24 have a bachelor's degree or higher, a great number attain this level of education later on as shown by the 25 to 34 age bracket, 90.2% of whom are high school graduates or higher and 39.9% have a bachelor's degree or higher.[5]

Governor O'Malley has proposed a number of strategies to increase college and vocational readiness. For the seventh consecutive year, in 2012 Maryland had the highest percentage of high school seniors in the country who scored at least a 3 on Advanced Placement (AP) exams.[6] Maryland's goal is to continue this progress with 35% of students from Maryland public schools achieving an AP exam score of 3 and an AP exam passage rate of 67% by 2015.[7] Maryland is currently implementing the Common Core Standards Initiative to align schools' curriculums with national standards and expectations of post-secondary education institutions and employers. Internationally-recognized benchmark assessments will also be implemented to increase the competitiveness of Maryland's public education system. By 2015, Maryland plans to increase the number of high school graduates with Career and Technology Education industry certifications or licenses by 10%, in continuation of programs that emphasize the value of STEM education (Science, Technology, Engineering, Math).

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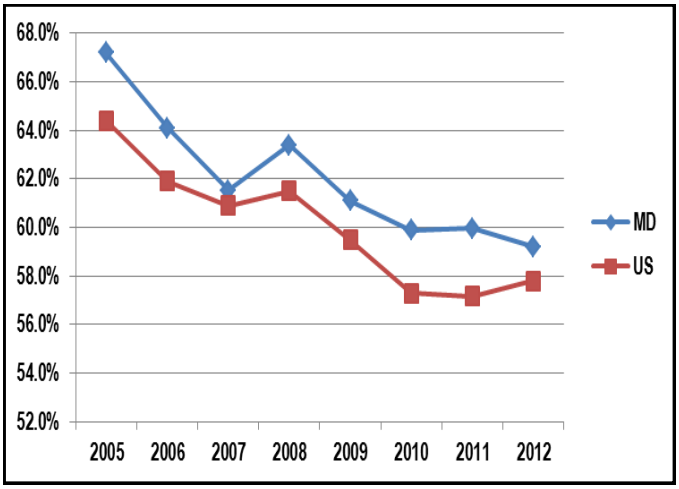
SCHOOL TRANSITION

Youth Employment: The percentage of young adults ages 16 through 24 who are in the labor force, employed, or unemployed.[8]



16 - 24 Year Olds in Labor Force, by Calendar Year								
	2005	2006	2007	2008	2009	2010	2011	2012
MD	67.2%	64.1%	61.5%	63.4%	61.1%	59.9%	60.0%	59.2%
US	64.4%	61.9%	60.9%	61.5%	59.5%	57.3%	57.2%	57.8%

Data Source: American Community Survey 2005 - 2012

Story Behind the Data: Youth employment in Maryland is supported by two of Governor O'Malley's strategic goals: cultivating an economic environment for job growth and sustainability, and improving the quality of and access to education. The statistics demonstrate that education is integral to job security – 89.1% of those who had a bachelor's degree or higher in 2012 were in the labor force as opposed to 76.7% labor force participation of those who had only graduated from high school.[9] College graduates also had a 6% lower unemployment rate than high school graduates.

For this reason, the University of Maryland System froze tuition rates for four straight years, even during the recession, as the State provided $16 million to avert what was estimated to be a 4% increase in rates.[10] Additionally, Maryland has continued to support STEM (science, technology, engineering and math) education, while also creating a venture capital fund through public-private partnerships to invest in bio tech, information technology, telecom, and cyber security in an initiative called *InvestMaryland*.[11]

Unemployment among young adults ages 16 through 24 was, unsurprisingly, significantly affected by the recession, with the unemployment rate increasing from 14.9% in 2008 to 20.8% in 2009. The recession resulted in a lower percentage of young adults (especially ages 16 to 19) in the labor force, yet during the same time period, more young adults took college classes or completed associate's degree programs, indicating a corresponding increase in educational attainment (see Educational Attainment indicator).

Although the unemployment rate among young adults in Maryland began to stabilize as of 2011, the unemployment rate for 20 to 24 year olds was nearly double the rate of the 25 to 44 age group at 16.5%. The unemployment rate for the 20 to 24 age group has typically been about twice the rate of the 25 to 44 age group,[12] likely because younger adults have less educational and professional experience, on average. Young adults entering the labor force during and after the recession may face greater challenges than their earlier counterparts, as more young adults have spent longer periods unemployed or underemployed and are less likely to be employed than when their job search began.[13] To curb this trend, a greater emphasis must be placed on helping young adults get the education necessary for employment, promoting policies that encourage economic growth, and fostering partnerships amongst universities, local governments, workforce boards, business associations and employers to fill the employment gap.

Alternative Maryland School Assessment: The Alternate Maryland School Assessment (Alt-MSA) tests the areas of math, reading, and science and is administered to students with disabilities in grades 3 through 8 and grade 10 when a student's IEP (individualized education plan) team finds that the Alt-MSA is the most appropriate assessment for the students' educational needs.

Percentage of Students, Grades 3-8, Scoring At or Above Proficient on the Alternative Maryland School Assessment, by Academic Year									
	2004	2005	2006	2007	2008	2009	2010	2011	2012
Math	67.5%	67.7%	67.3%	81.4%	87.2%	76.9%	82.3%	88.7%	89.5%
Reading	70.1%	69.6%	64.3%	81.4%	87.6%	83.7%	87.7%	92.2%	92.1%
Science					69.3%	61.0%	69.6%	81.5%	81.8%

Why is the Alt-MSA important to children's education? The Alt-MSA is the assessment used for students with the most significant cognitive disabilities when, through the IEP Team process, it has been determined that the student cannot participate in the Modified MSA (Mod-MSA), even with accommodations. The Alt-MSA assesses and reports student mastery of individually selected indicators and objectives from the reading and mathematics content standards or appropriate access skills for students in grades 3 through 8, grade 10, and in science content standards for students in grades 5, 8 and 10. During the 2012 academic year, 4,481 students participated in the Alt-MSA.

The Alt-MSA is a portfolio assessment constructed of evidence that documents individual student mastery of the assessed reading, mathematics, and science objectives. The Statewide performance standards reflect three levels of achievement: Basic, Proficient, and Advanced.

The Division of Special Education/Early Intervention Services has worked closely with the Division of Curriculum to provide support to educators who instruct students with significant cognitive disabilities to understand the content to be taught and assessed in all content areas. In collaboration with the testing vendor, the Maryland State Department of Education (MSDE) has developed resource content materials to support instructional planning, delivery and Alt-MSA implementation for the educator. Professional development and technical assistance were provided to local school systems in all content areas by MSDE content leads, including instructional strategies and resources to support student achievement.

In collaboration with the testing vendor and educators from the field, MSDE created the Alt-MSA online Professional Development Modules. The priorities of this four module series include: maximizing efficiency in the classroom, accessing grade-level content, understanding content and standards, gaining science content knowledge, creating artifacts that align to Mastery Objectives, and providing links to websites and resources. These modules are updated yearly with the most current information and best practices. In addition, pre-approved artifacts for various mastery objects that demonstrate direct alignment between the content and the assessment task item were developed by content experts at MSDE and the testing vendor. These artifacts are available for teachers to select and use as evidence to demonstrate mastery of a skill as selected by the Alt-MSA testing team for a student. The advantage of selecting the pre-approved artifacts is that the artifact is accurately aligned to the content being assessed.

02 EDUCATION

NEW PERSPECTIVES IN CHILDREN'S EDUCATION

Bullying and Harassment: Bullying is a form of aggression between a more powerful antagonist and his/her victim. Bullying can be physical, verbal, and/or psychological, and can be direct or indirect. Chronic victims may experience mental health problems such as anxiety, academic difficulties, poor concentration, and withdrawal. Bullying occurs across all age groups and includes sexual harassment, dating violence, gang attacks, cyberbullying, domestic abuse, child abuse, and elder abuse.

Total Number of Bullying or Harassment Incidents Reported, by Academic Year					
	2008	**2009**	**2010**	**2011**	**2012**
MD	1296	1706	3818	4678	5213

Why is the reporting of Bullying and Harassment important to children's education? The Safe Schools Reporting Act of 2005 became effective on July 1, 2005. The law (Education Article §7-424, Annotated Code of Maryland) mandates that MSDE require a county board of education and the Baltimore City Board of School Commissioners to report incidents of harassment or intimidation against students in public schools under the county board's and commission's jurisdiction. Additionally, MSDE was required to create and distribute a "*Standard Victim of Harassment or Intimidation Report Form*", and to submit a report to the Maryland General Assembly consisting of a summary of the information included in the victim of harassment and intimidation forms filed with the county and Baltimore City boards the previous school year.

The 24 Local School Systems (LSSs) and the SEED School of Maryland reported a total of 5,213 incidents for the 2011-2012 school year. Several LSSs reported relatively significant increases in the number of incidents, most notably Baltimore City, Howard, and Montgomery Counties. Baltimore City reported the most incidents with a total of 629 and a rate of 7.5 incidents per 1,000 enrolled students. Kent and Talbot County reported the most incidents relative to enrollment based on the preceding data. Montgomery County, Baltimore County, and Howard County reported 516, 464 and 459 incidents, respectively, representing rates relative to enrollment of, 3.5, 4.4 and 8.9 incidents per 1,000 enrolled students.

Based on the methods of reporting and the varied means of distributing the reporting form in LSSs, it is speculated that the increase in reported incidents may be attributed to an increase in awareness of bullying and harassment on the part of students, staff and parents. Since the change in the law in 2008, staff members have been able to use the same reporting form as students and parents, thereby providing additional information. The 2011-2012 school year marks the third year during which bullying prevention programming was required to be presented by the LSSs to students, staff, and volunteers, and it is speculated that the programming further heightened awareness of the issue among the school communities.

Bullying continues to be a significant concern, as a single student who bullies can have a wide-ranging impact on the students they bully, students who observe bullying, and the overall climate of the school and community. Bullying can lead to low self-esteem, depression, isolation, and alienation in both the bully and the victim long after the incidents have ended. In addition, many victims of bullying do not want to come to school, leading to disengagement from the classroom and all that is offered by public education. As a result, MSDE has continued to provide support and best practices to LSSs in order to ensure bullying and harassment can be prevented or dealt with appropriately.

[1] Academic eligibility requirements must be met for this program.

[2] School attendance data is calculated as the percentage of students present in school for at least half the average school day throughout the school year. This measure is consistent with the Maryland State Department of Education (MSDE) standard that students attend 94% of school days.

[3] The Annie E. Casey Foundation, Kids Count Data Center, http://www.kidscount.org/datacenter/

[4] Additional resource information may be accessed online using the following websites: www.marylandpublicschools.org, www.marylandlearninglinks.org.

[5] Maryland, Educational Attainment, 2012. American Community Survey Fact Finder, United State Census Bureau: http://factfinder2.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_12_1YR_S1501&prodType=table.

[6] Governor O'Malley's StateStat: https://data.maryland.gov/goals/education.

[7] Plan for Improving Student Achievement, and School, College, and Career Readiness by 25% in Maryland by End 2015. http://www.governor.maryland.gov/statestat/gdu/2EducationDeliveryPlan.pdf.

[8] Employment statistics encompass the population of young adults ages 16 to 24 who are considered employed, unemployed, or in the labor force. "Labor force" includes civilian workers and also active members of the U.S. Armed Forces. http://www.census.gov/acs/www/Downloads/data_documentation/SubjectDefinitions/2011_ACSSubjectDefinitions.pdf. Data limitations on page 68. The percentage of unemployed workers only takes into account those workers who are looking for work, which is why the sum of labor force participants and unemployed does not equal 100%, because the remainder may not be seeking employment.

[9] Maryland, labor Force Participation, 2012. American Community Survey Fact Finder, United States Census Bureau:

http://factfinder2.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_12_1YR_S2301&prodType=table.

[10] *State To Keep Tuition Freeze*. Steven Kiehl. Baltimore Sun, April 24, 2009. http://articles.baltimoresun.com/2009-04-24/news/0904230151_1_tuition-freeze-undergraduates-omalley.

[11] *Governor Martin O'Malley Announces InvestMaryland Proposal to Spur Jobs, Investments in Maryland's "Innovation Economy"*. Press Release. June 1, 2010. http://www.governor.maryland.gov/pressreleases/100601.asp.

[12] According to the 2005 – 2007 3 year estimate of the American Community Survey.

[13] *The Only Age Group With Higher Unemployment Than a Year Ago Is… 20somethings.* Jordan Weissmann. The Atlantic, April 5, 2013. http://www.theatlantic.com/business/archive/2013/04/the-only-age-group-with-higher-unemployment-than-a-year-ago-is-20somethings/274740/.

03 COMMUNITY

03 COMMUNITY
SAFETY

Indicators:		Five Year Trend	Average Yearly Percent Change*	Recent Year Percent Change	Recent Year Measurement
Juvenile Felony Offenses	The rate of intake referrals to the Maryland Department of Juvenile Services (DJS) for youth ages 10-17 for felony offenses by Fiscal Year, per 100,000 of the population.				
	10 through 14	▲	-14.6%	-3.1%	382 per 100,000
	15 through 17	▲	-15.5%	-11.0%	1822 per 100,000
	10 through 17	▲	-15.7%	-9.1%	935 per 100,000
Recidivism	Juvenile and adult re-adjudicated/convicted recidivism rates for youths released from the DJS committed programs after 12, 24, and 36 months.				
	12 Months	▼	0.3%	-6.3%	19.3%
Maltreatment	Child Protective Service (CPS) investigations that are ruled "indicated" or "unsubstantiated," per 1,000 of the child population.				
	Indicated	▼	6.6%**	0%	6.9 per 1,000
	Unsubstantiated	▼	4.2%**	1.6%	6.4 per 1,000

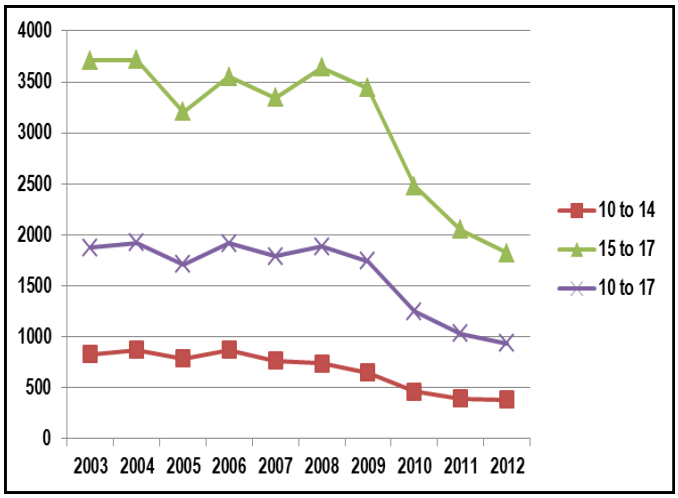
▲ Indicates an area of positive growth.

▼ Indicates an area of negative growth.

*Indicates average yearly percent change over five year period unless otherwise noted.

**Indicates average yearly percent change over three year period.

Juvenile Felony Offenses: The rate of referrals, per 100,000 youth ages 10-17, for felony offenses including both violent and non-violent charges.[1]



Rate of Referrals to DJS Per 100,000 Youth Ages 10-17, for Felony Offenses (Violent and Non-violent) by Fiscal Year, Maryland										
Age Group	**2003**	**2004**	**2005**	**2006**	**2007**	**2008**	**2009**	**2010**	**2011**	**2012**
10 to 14	827	870	786	868	766	736	644	460	394	382
15 to 17	3712	3716	3204	3552	3344	3640	3439	2479	2046	1822
10 to 17	1872	1921	1709	1917	1787	1886	1742	1248	1028	935

Note: Violent and non-violent Felony offenses are counted once under each group per referral

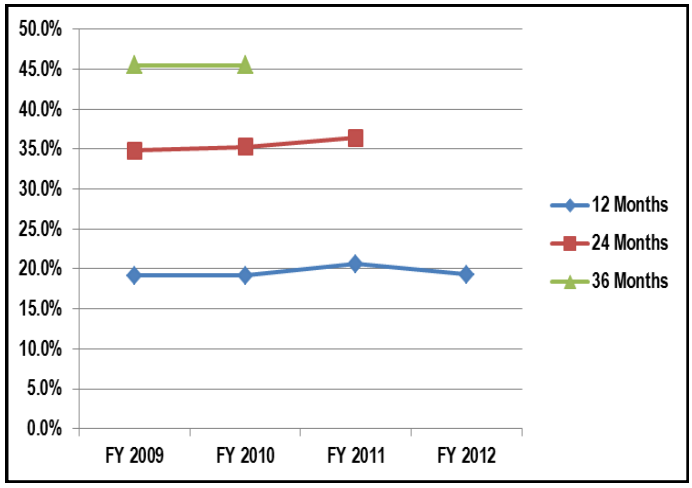
Story Behind the Data: Involvement in violent offenses increases the risk of injury or death and continued criminal activity into adulthood. Involvement in non-violent felony offenses increases a youth's risk for further criminal activity and violence both during adolescence and as an adult. Risk factors for juvenile delinquency include a lack of educational and job training opportunities, poverty, family violence, and inadequate care and supervision by family. Poor school performance, including absence from school and falling behind in one or more grade levels, increases the likelihood of involvement in delinquent activity. Additionally, the number of youth adjudicated (found responsible for the alleged offense) is an important correlator to juvenile referral rates.

For the purpose of differentiating violent offenses from non-violent ones, if a youth is referred for both within the same referral then it would be a count of two offenses for that referral. It is rare to have multiple violent and/or non -violent felony offenses within the same referral. Violent offenses are automatic referrals to the adult system if a youth is 14 or older for murder, rape and sex offense - first degree charges - and 16 or older for robbery and aggravated assault. The rates given above include any youth waived back from the adult court to the juvenile system, but do not include youth who were arrested and not sent back to the juvenile system.

The juvenile referral rate for felony offenses fluctuated from FY2003 through FY2006 for youth ages 10 through 17.[2] It has been a declining trend from FY2007, with FY2012 showing the lowest rates of all fiscal years reported. Between 2003 and 2012, the referral rate for felonies dropped by 51% from 1,872 per 100,000 to 935 per 100,000 for ages 10 to 17. During this time, violent offense referrals dropped by 37% and non-violent felony referrals declined by more than 61%.

Since 2009, overall referrals have been declining nationwide, which is the case in Maryland as well. Careful study of the juvenile referral rates, and related measures, over the next few years, will indicate if the recent decade's downward trend will continue, and is the beginning of a trend which would warrant further analysis of data and services.

Recidivism: Juvenile and Adult Re-Adjudicated/Convicted Recidivism rates for youth released from the Department of Juvenile Services (DJS) Committed Programs after 12, 24, and 36 months.



Re-adjudication/Conviction Recidivism Rates for Committed Program Releases 12, 24, and 36-Month Juvenile and/or Criminal Justice Recidivism Rates				
Follow-up Period	**FY 2009**	**FY 2010**	**FY 2011**	**FY 2012**
12 Months	19.2%	19.2%	20.6%	19.3%
24 Months	34.8%	35.3%	36.4%	N/A
36 Months	45.5%	45.5%	N/A	N/A

Data Source: MD DJS, Data Resource Guide: Fiscal Year 2012

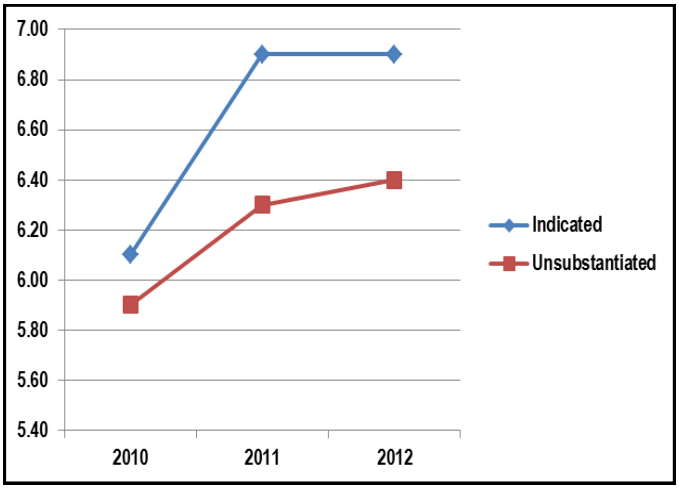
Story Behind the Data: The juvenile justice community has not reached a consensus on how best to define recidivism with one measure. Therefore, consistent with other studies, DJS focuses on several measures, including subsequent juvenile and/or criminal involvement of youth. Many youth released from committed residential programs are 17 years old, and it is therefore important to include information from the adult criminal justice system and report both juvenile and adult recidivism rates. For purposes of recidivism studies, all new offenses are included, which encompasses new delinquent offenses, new criminal offenses, status and traffic offenses, and technical violations of probation not resulting from a new offense. It is important to note that only those new adjudications, convictions, commitments, and incarcerations that stem from a new offense are included. All recidivism rates are youth counts, taking into consideration the juvenile entry first and then the adult entry. If a youth is found to have recidivated in both the juvenile and adult systems, the recidivism event is counted once.

DJS studies have been refined and expanded over the years to encompass all out-of-home committed programs (from foster placements to secure confinement), to include information on both juvenile and adult reoffending, and to show three levels of recidivating: a new alleged offense, whether that new offense resulted in conviction, and whether a new out-of-home placement resulted. Youth are followed for three years from release, and results are shown by year, level of recidivism, demographics, county, program type, and by individual program. In the chart above, the re-adjudication/conviction recidivism rates within 36 months are for FY2010 cohort releases, 24 months are for FY2011 cohort releases, and 12 months are for FY2012 cohort releases. When comparing FY2010 and 2011 at 12-months, the re-adjudication and conviction rates increased slightly by 1.4 percentage points between 2010 and 2011 and then returned to roughly FY2010 levels in FY2012. Similarly, the comparison of FY2009 and 2010 at 36 months revealed very little change.

It is important to note that although rates are presented by committed program, recidivism is affected by more than just the quality of the program. The quality of aftercare supervision after a youth is released, the community and/or family to which youth return, local economic opportunities, and other factors beyond the Department's control can all affect outcomes.

03 COMMUNITY
SAFETY

Child Maltreatment: Child Protective Service (CPS) investigations are ruled "indicated" where credible evidence is not satisfactorily refuted, or "unsubstantiated" where insufficient evidence is found to support a finding as either indicated or ruled out.[3]



Rate of Indicated and Unsubstantiated Findings, per 1,000 children, by State Fiscal Year						
	Indicated			Unsubstantiated		
	FY2010*	FY2011*	FY2012	FY2010*	FY2011*	FY2012
Physical abuse	0.9	1.0	1.1	1.6	1.6	1.7
Sexual abuse	0.8	0.9	1.0	0.5	0.6	0.6
Neglect	4.3	5.0	4.8	3.8	4.1	4.1
Total rate	**6.1**	**6.9**	**6.9**	**5.9**	**6.3**	**6.4**

Story Behind the Data: This indicator measures the extent to which children experience abuse or neglect. Child abuse and neglect can result in mild to severe physical injuries, as well as death. Additional consequences to the child include possible attachment disorders, failure to thrive, mental health issues, developmental delays, educational challenges, and behavioral problems. Identifying families and children at risk for abuse or neglect, addressing these risk areas, and ensuring safety for children are essential in protecting children from harm.

Rates of indicated physical and sexual abuse have both increased slightly in the past three fiscal years. Indicated neglect, however, increased substantially between FY2010 and FY2011, but then decreased in FY2012. The overall rate of indicated abuse and neglect increased from FY2010 to FY2011, and then remained constant in FY2012 at 6.9 per 1,000 children in Maryland.

Child abuse and neglect is affected by many family factors, the most common being substance abuse, mental health issues, and poverty. In 2008, Maryland's monthly unemployment rates ranged between 3.3 and 5.6. In 2009 and 2010, however, those rates ranged between 6.8 and 8.5.[4] These significant increases in unemployment may be a factor in the increases seen, particularly for neglect. Poverty and unemployment can add significant stress on families, weakening parents' abilities to cope with other stressors, and thereby lead to abuse or neglect.

In July 2007, the Department of Human Resources (DHR) implemented Place Matters, Maryland's child welfare initiative, focusing on reducing the number of children in out-of-home care while strengthening families. Maryland's Family-Centered Practice model is a central component of Place Matters and of the local Departments of Social Services' (DSS) work with families. Workers develop individualized service plans based on comprehensive assessments of the families' strengths and needs, with goals of increasing families' capacities to protect their children. Family Involvement Meetings (FIMs) are also used to engage families in service plan development, especially when safety/risk issues are severe enough that a child may be removed from the home. These meetings, and other Family-Centered Practice approaches, strengthen families by bringing additional resources and helping children stay with their families of origin or relatives. These efforts are designed to reduce risk factors which lead to abuse and neglect, and increase safety for children.

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03 COMMUNITY
STABILITY

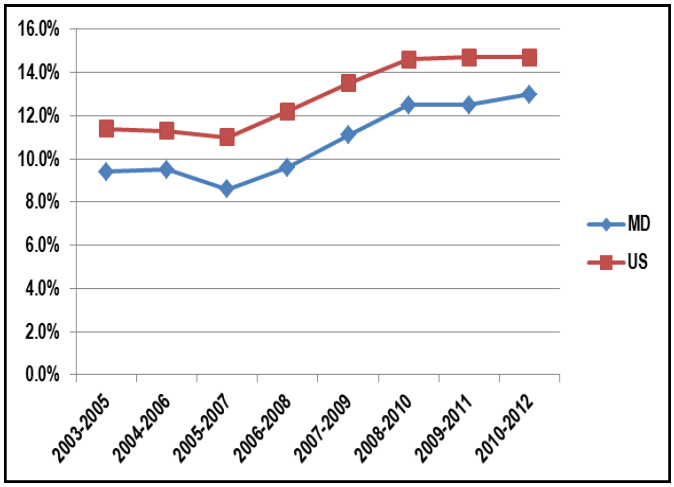
Indicators:	Five Year Trend	Average Yearly Percent Change*	Recent Year Percent Change	Recent Year Measurement
Hunger	The percentage of families who are food-insecure because of the lack of access, at times, to enough food for an active, healthy life for all household members; limited or uncertain availability of nutritionally adequate foods.			
	▼	8.1%	4.0%	13.0%
Out-of-Home Placement	The number of out-of-home placements that occur per 1,000 children in the population.			
	▼	2.8%	11.8%	12.3 per 1,000
Homelessness	The percentage of children enrolled in the public school system that lack a fixed, regular, and adequate nighttime residence or who are awaiting foster-care placement.			
	▼	13.3%	3.7%	1.7%

▲ Indicates an area of positive growth.

▼ Indicates an area of negative growth.

*Indicates average yearly percent change over five year period unless otherwise noted.

Hunger: The percentage of families who are food insecure. The US Department of Agriculture (USDA) defines food insecurity as a measure of the lack of access, at times, to enough food for an active, healthy life for all household members; limited or uncertain availability of nutritionally adequate foods.[5]



Prevalence of Household-level Food Insecurity (3-year Average)								
	2003-2005	2004-2006	2005-2007	2006-2008	2007-2009	2008-2010	2009-2011	2010-
MD	9.4%	9.5%	8.6%	9.6%	11.1%	12.5%	12.5%	13.0%
US	11.4%	11.3%	11.0%	12.2%	13.5%	14.6%	14.7%	14.7%

Story Behind the Data: While hunger among children raises obvious physical and developmental health concerns, it also has ripple effects that appear in other areas of a child's life.

In Maryland, the face of hunger is not starvation, but the lack of access to adequate nutrition. According to the United States Census Bureau's 2011 Small-Area Income and Poverty Estimate (SAIPE), six Maryland counties (Howard, Montgomery, Charles, Calvert, Anne Arundel, and Carroll Counties) are within the top twenty-five median incomes in the United States, making Maryland one of the wealthiest states in the country.

There is no Maryland community, however, that is free from the effects of hunger; 13.0% of Maryland households, or more than one in eight, lack consistent access to the food and nutrition necessary to lead healthy, active lives. For some, the high costs of housing, transportation, health care, and other necessities combined with low incomes, limit the resources available to keep food on the table. In other cases, even when families have the resources, they are often unable to provide nutritious food for their children, due to a lack of access to fresh produce in many of the poorest neighborhoods. Additionally, while programs exist to offer help to families, many families are unaware of the programs or their eligibility.

To address these concerns, in 2008, Governor O'Malley convened the Partnership to End Childhood Hunger in Maryland. In collaboration with Share Our Strength, and with the support of Maryland Hunger Solutions, the Partnership has led Maryland's initiative to end childhood hunger. This public-private partnership includes non-profit organizations, businesses and foundations, State and federal agencies, advocates, local leaders, and representatives from the faith community. The Partnership emphasizes the need to provide access to nutritious food where children and their families live, learn, and play.

03 COMMUNITY
STABILITY

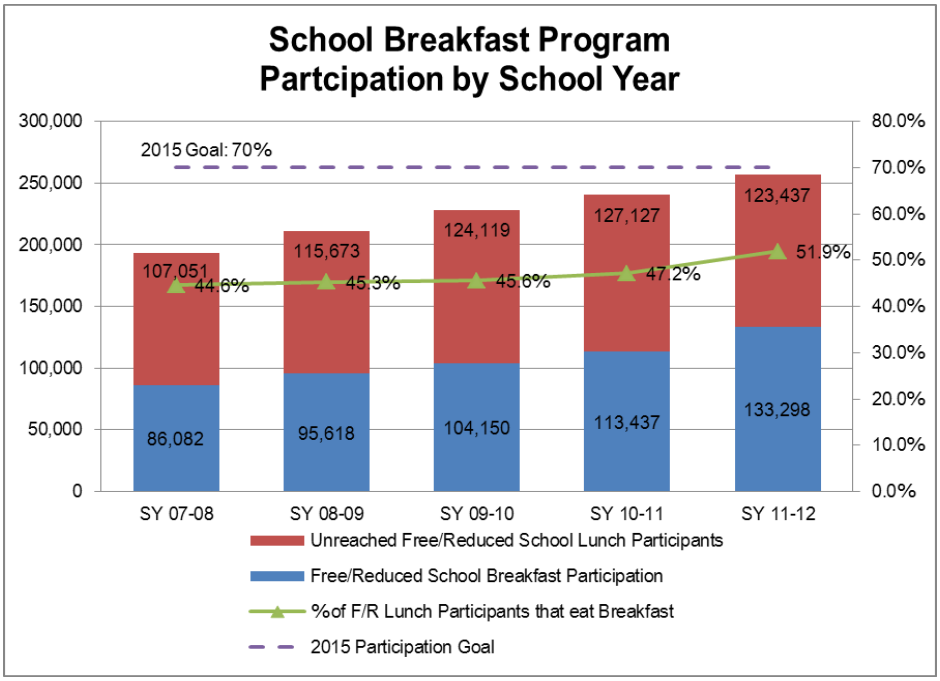
The most effective way to reduce childhood hunger in Maryland is to connect eligible families to existing nutrition programs. These programs include: the School Breakfast Program, the National School Lunch Program, the At-Risk Afterschool Meals Program, the Summer Food Service Program, the Food Supplement Program (FSP, formerly Food Stamps), and the Special Supplemental Nutrition Program for Women, Infants and Children (WIC). Together, these programs form a safety net that helps to prevent children and families from falling into food insecurity.

In 2012, significant gains were made in the School Breakfast Program and the At-Risk Afterschool Meals Program.

School Breakfast Program

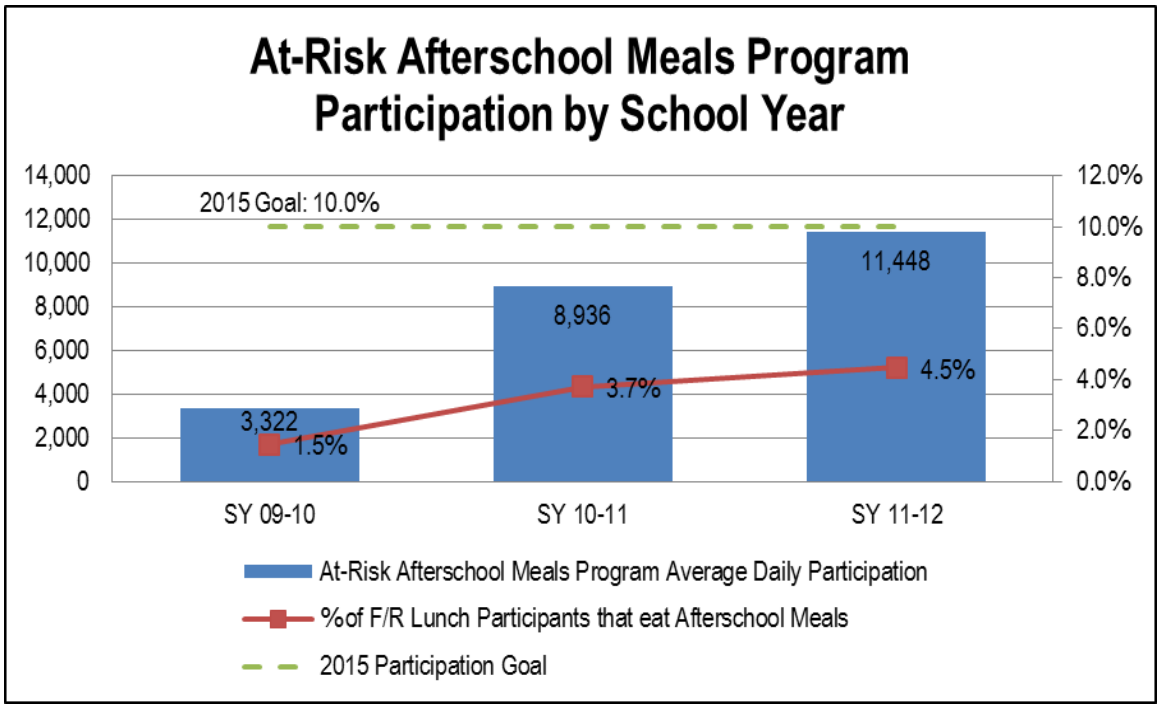
From the 2010-11 to the 2011-12 school year, Maryland had the fourth largest increase in participation in the School Breakfast Program in the country.[6] This represented a 17.5% increase in participation, supporting academic achievement by connecting more than 22,000 additional low-income children to breakfast each day. The increased participation is a result of schools implementing alternative delivery models, such as breakfast in the classroom, Grab and Go breakfast, and Second Chance breakfast. These alternative models are addressing the many barriers preventing students from eating breakfast in school, including inconvenience, stigma, bell schedules, and transportation issues.

Another promising program that will likely lead to continued growth in school breakfast participation is Maryland Meals for Achievement (MMFA), a State-funded in-classroom breakfast program that provides breakfast to every student at no cost at select low-income schools.



At-Risk Afterschool Meals Program

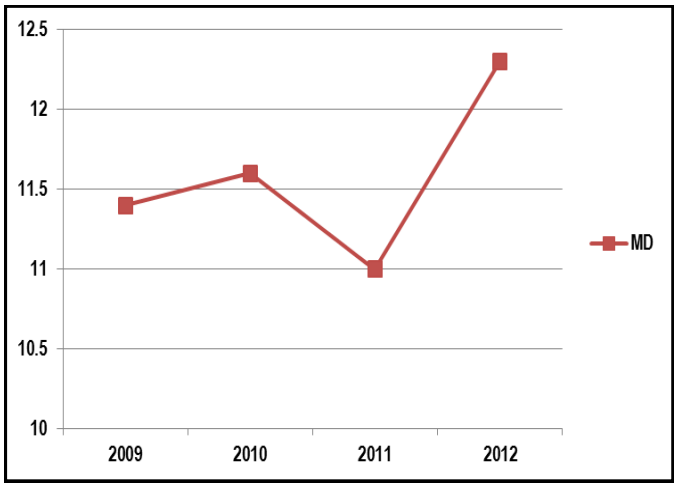
In June 2009, Maryland, along with 13 states and the District of Columbia, piloted the At-Risk Afterschool Meals Program, which became available to all states in 2010. This program allows afterschool programs in low-income areas to offer reimbursable meals to participants. For out-of-school time programs, the addition of a meal increases the enrollment and attendance of students while easing the programs' budgetary burden through the federal reimbursement. From the 2010-11 to the 2011-12 school year, participation in the At-Risk Afterschool Meals Program increased 28%, representing an additional 2,512 children receiving an afterschool meal.



The Partnership continues to experience progress in all nutrition programs through collaboration, targeted outreach, and piloting innovative practices. Through these efforts, and the successes of the School Breakfast and At-Risk Afterschool Meals Programs, Maryland is one step closer to eradicating childhood hunger.

03 COMMUNITY
STABILITY

Out-of-Home Placement: The number of out-of-home placements that occur per 1,000 children in the population.



Rate of New Placement Settings (per 1,000 children birth through 18), by Fiscal Year				
	2009	**2010**	**2011**	**2012**
MD	11.4	11.6	11	12.3

Data Source: 2012 State of Maryland Out-of-Home Placement and Family Preservation Resource Plan

Story Behind the Data: There are a variety of reasons and circumstances that might lead a child in Maryland to be separated from his or her family and admitted in an out-of-home placement. In some cases, the child's primary caretakers, or home environment, might be determined to be unsafe for the child. In those instances, the priority of the State is to find a family member to take care of that child while the local placing agency works with the parents to remedy the situation (fixing the issues that pose a threat to the child's well-being) or work toward a plan for that child to be with a permanent family. In other cases, a child might be placed out-of-home due to his or her need for treatment or supportive services for emotional, mental, physical, or behavioral issues. A child with intensive needs might require a higher level of services and supervision to help with meeting his or her goals and return home or achieve some other permanent solution. Occasionally, children and youth charged with a crime or an offense are adjudicated and committed to a program by a court.

When safe and possible, Maryland seeks to keep children with their families and, if needed, to provide services to children and families in their own homes. Through programs like Family Preservation Services, Family Functional Therapy (FFT), and Multi-Systemic Therapy (MST), families work together with case managers and therapists because all members of the family are critical in addressing the issues that put the child at risk for out-of-home placement.

The rate of new placement settings in out-of-home placement in Maryland for the last four years has been between 11 and 12.3 (in FY2012) per 1,000 children. A new placement occurs when a child is first admitted into placement or when he or she moves from one placement to another. Because a child may have more than one placement during the course of a year, the rate of entry into out-of-home placement is likely higher than the actual rate of children placed. Most of the children in placement were served in family home settings (e.g., kinship care, foster care, treatment foster care), at 56.1% of total placements, or 14,351 family home placements.[7] Community-based settings accounted for 15.4% of placements (including group homes) and 23.9% were non-community based (including treatment centers, non-secure, and detention centers).

The slight increase in the rate of new placements in FY2012 is paired with a steady decrease in the actual number of children in placement during a one-day census (January 31).[8] Two factors may have contributed to the rise in new placements even though capacity has decreased:

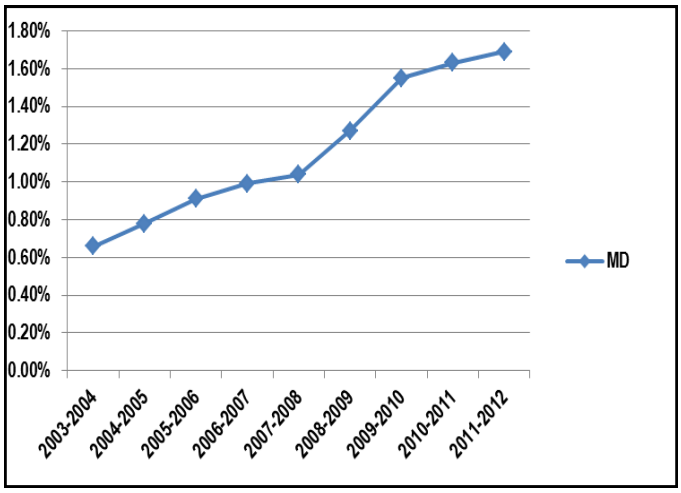
- Shorter lengths of stay in out-of-home placement, which contribute to a child's ability to achieve stability with a permanent caretaker as quickly as possible; and
- More moves from one placement to another while the child is in out-of-home care. These placement changes are often appropriate and to a lesser level of "restrictiveness."

It is important for the out-of-home placement system in Maryland to encourage shorter lengths of stay while helping children and families achieve their goals, and to minimize the number of new placements, or disruptions, each child might experience.

Besides decreasing the use of out-of-home placements and striving for permanency, other metrics to evaluate the progress of children in placement are the rates of re-entry into placement (or recidivism), educational and vocational outcomes following a placement, rates of substantiated or unsubstantiated abuse allegations following a child's return to a permanent caretaker, and safety while in placement. It is critically important that Maryland continue to analyze not only whether children are successful at leaving and avoiding placement, but also whether they are equipped to be successful in all other areas of life after placement.

03 COMMUNITY
STABILITY

Homelessness: The percentage of children enrolled in the public school system that lacks a fixed, regular, and adequate nighttime residence or who are awaiting foster-care placement.



Percent of Public School Children Who Are Homeless Out of Total Enrollment on September 30th of Each School Year									
	2003 - 2004	2004 - 2005	2005 - 2006	2006 - 2007	2007- 2008	2008 - 2009	2009 - 2010	2010 - 2011	2011 - 2012
MD	0.66%	0.78%	0.91%	0.99%	1.04%	1.27%	1.55%	1.63%	1.69%

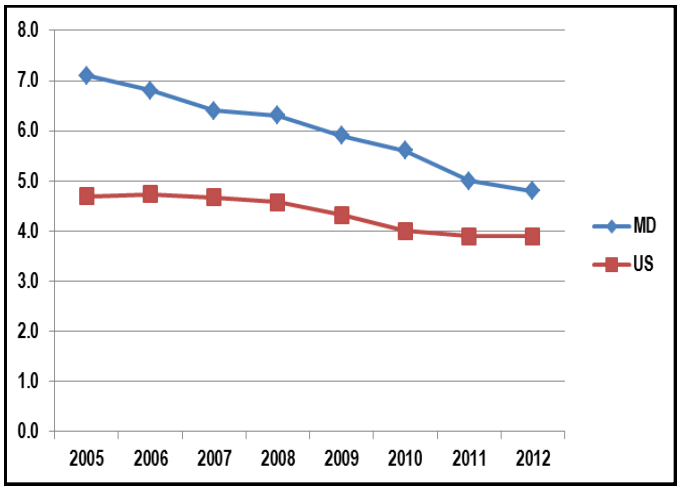
Story Behind the Data: The data for these counts are collected annually and submitted to the MSDE Division of Accountability and Assessment (DAA) via flags in the Attendance Data Collection. The Homeless Coordinators at every local education agency (LEA) work with the Local Area Coordinator (LAC) to provide accurate counts to MSDE for accountability and to meet the federal reporting requirement. These data are submitted to the federal level via the Consolidated State Performance Report (CSPR) and the Education Data Exchange Network (EDEN) on an annual basis.[9]

The data reported for this indicator focus only on children enrolled in a Maryland public school at some point during the 2012 school year. Approximately 854,086 children and youth were enrolled in a Maryland public school during 2012, 1.69% of whom were homeless. Since the 2004 school year, the percentage of enrolled children and youth who are homeless has steadily increased from 0.66% in 2004 to 1.69% in 2012.

Under Title I of the McKinney-Vento Homelessness Education Assistance Improvement Act of 2001, MSDE distributes funds to local school systems through a competitive grant process. The McKinney-Vento Act ensures that all homeless children and youth have equal access to the same free, appropriate public education provided to other children and youth. State and local school systems are required to develop, review, and revise policies to remove barriers to the enrollment, attendance, and success in school of homeless children and youth. All children and youth experiencing homelessness are eligible for Title I services in Title I schools, non-Title I schools, and other settings in which they reside.

Under the McKinney-Vento Act, local school systems may be granted funds to provide programs for homeless children and youth, including supplemental instruction, transportation, professional development, and referrals to health care. If a school-aged child becomes homeless, the McKinney-Vento Act allows for the child to either continue at the "school of origin" for the entire time he or she is homeless or until the end of the academic year in which he or she moves into permanent housing, transfer to a school nearest to the child's temporary shelter, or be sent to a school other than one the child's parent/guardian has requested.

Crime: The rate of violent crimes that are committed per 1,000 persons.[10]



Rate of Violent Crime per 1,000 Persons								
	2005	2006	2007	2008	2009	2010	2011	2012
MD	7.1	6.8	6.4	6.3	5.9	5.6	5.0	4.8
US	4.7	4.7	4.7	4.6	4.3	4.0	3.9	3.9

Date Sources: FBI, Crime in the United States in 2012 - Table 1
Governor's Office of Crime Control and Prevention

Why is Crime an important indicator for communities? Crime affects more than just its victims; it also affects their families, neighbors, friends, and communities. Children are especially sensitive to the effects of danger in the community – danger can mean not going outside, not trusting others, and internalizing the stigma of isolation and disconnect that others around them feel. In many respects, lack of safety can inhibit progress in other areas, like school achievement and the formation of healthy relationships.

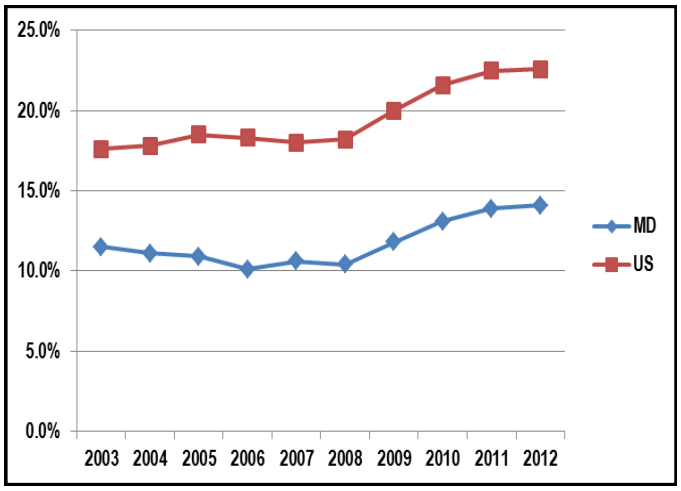
Although the violent crime rate in Maryland has been decreasing steadily over the last several years, the rate is still higher than the national average by 0.9 per 1,000 persons. The 2012 rate of 4.8 is for violent crimes per 1,000 persons in all of Maryland, with the highest rates localized in Baltimore City and Prince George's County and the lowest rates in Calvert and Carroll Counties.

Just as crime influences myriad other life domains, crime is a problem that is caused by a multitude of factors. The combination of poor education and employment opportunities contributes to many young adults being unprepared for productive working lives and, by extension, leaves people less socially-integrated but with a need to make a living. Research indicates that even children at the earliest stages of development, as infants or toddlers, are susceptible to emotional and behavioral issues when exposed to violence. As children age, this can manifest itself in the classroom, affecting concentration and scholastic performance.[11] For these reasons, and many others, Governor O'Malley committed to reducing the 2006 violent crime rate 20% by the year 2012, which was achieved a year early, in 2011. Maryland's 2012 violent crime rate is the lowest ever recorded, and the Governor has again set a goal of decreasing the number of violent crimes by 20% by 2018.

03 COMMUNITY

NEW PERSPECTIVES IN CHILDREN'S COMMUNITIES

Child Poverty: Children under age 18 whose family income is equal to or below the federal poverty threshold.



National and State Percentages of Children Under 18 Living in Poverty from 2000 through 2012.										
	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
MD	11.5%	11.1%	10.9%	10.1%	10.6%	10.4%	11.8%	13.1%	13.9%	14.1%
US	17.6%	17.8%	18.5%	18.3%	18.0%	18.2%	20.0%	21.6%	22.5%	22.6%

The Confidence Interval in 2012 for Maryland is 13.5 to 14.7 and for the US is 22.4 to 22.8.
Data Sources: Source: U.S. Census Bureau, Small Area Income and Poverty Estimates. Retrieved on 2013 Dec 12 from http://www.census.gov/did/www/saipe/data/statecounty/data/2012.html

Why is Child Poverty an important indicator for communities? Childhood poverty is linked to hunger and malnutrition as well as an increased risk for child abuse and neglect. Low family income levels often result in substandard housing, lack of basic health care, poor health, increased exposure to crime and violence, and unequal access to educational opportunities.

Maryland's percentage of child poverty increased to 14.1% in 2012; nearly one out of every seven children in Maryland lives below the federal poverty threshold. Although this is still far below the national 2012 percentage of 22.6%, this is the highest Maryland child poverty rate in over a decade.[12] This increase is undoubtedly tied to the recent economic recession, which resulted in growing unemployment both nationwide and in Maryland. Maryland's unemployment rate reached a peak of 8.5% in January 2010.[13]

Data presented here relies on the federal poverty threshold, as defined in the Office of Management and Budget's (OMB) Statistical Policy Directive 14.[14] For a family of four composed of two parents and two children under age 18, the federal poverty threshold in 2012 was $23,283.[15] While the federal poverty rate is a standard measure utilized across the country, it does not account for differences in cost of living from one place to the next. A vast majority of Maryland's jurisdictions, 17 out of 24, have a cost of living higher than the national average.[16] As a result, Maryland has taken advantage of options like categorical eligibility to increase eligibility in the Food Supplement Program (formerly, food stamps), allowing some families up to 185% of the poverty level to stretch their budgets for essential items.

[1] This selection is based on the Maryland Sentencing Commission which utilizes the definition of 'crime of violence" found in the Md. Code, Correctional Services Article, § 7-101(m) which defines violent crime as a crime of violence as defined in §14-101 of the Criminal law Article, or burglary in the 1st, 2nd, or 3rd degree. Md. Code, Criminal Law Art., §14-401 lists violent offenses as: murder; manslaughter, except involuntary manslaughter; forcible rape; first degree sex offense; second degree sex offense with force or threat; robbery; use of a hand gun in the commission of a felony or other crime of violence; child abuse; carjacking; aggravated assault; and arson - first degree. Non-violent felony offenses include breaking and entering, theft, motor vehicle theft, controlled dangerous substance (CDS) distribution and manufacturing, assault on police officer, third degree sex offense with or without force, arson - second degree, destructive devices and conspiracy to commit any felony offense.

[2] Juvenile intake referrals for felony offenses for ages 10-17 are obtained from the DJS automated data system, known as 'ASSIST.' All population data are obtained from the Office of State Planning. There are 3 sources for population estimates: (1) The past trend data from 2001 through 2009, (2) Actual 2010 census and (3) Projected 2012 Population estimates are not yet available for ages 10 through 17 and therefore the FY2011 population estimates provided for individual age groups by the Office of State Planning. The following sources were used for population estimates:

"Table 2. Annual Estimates of the Resident Population by Sex and Age for Maryland: April 1, 2000 to July 1, 2009" for Fiscal years 2001 to 2009.

Actual 2010 is used from the site: http://planning.maryland.gov/msdc/census/cen2010/SF1/AgeProf/age_MDST.pdf.

Census 2010, Summary File 1 AGE PROFILE 1: "AGE BY SEX FOR PERSONS IN HOUSEHOLDS AND PERSONS IN GROUP QUARTERS" State of MD.

Fiscal 2011 source is "Population Estimates Program, U.S. Census Bureau, May 2012." Obtained from http://www.mdp.state.md.us/msdc/Pop_estimate/estimate_10to11/CensPopEst10_11.shtml. Population by Age (single year), Race, Sex and Hispanic Origin – State Data

[3] Calculation rate – The rate is calculated per 1,000 children under age 18 in Maryland. Data on CPS findings is from MD CHESSIE (Maryland's Stateside Automated Child Welfare Information System). State Fiscal Year 2012 rates were calculated using National Center for Health Statistics data from April 2010 (the most recent data available). The calculation = (number of findings/population) * 1,000.

[4] Maryland Department of Labor, Licensing, and Regulation; Civilian Labor Force, Employment & Unemployment by Place of Residence (LAUS) – Maryland; http://dllr.maryland.gov/lmi/laus/maryland.shtml; downloaded 5/15/13.

[5] Jurisdictional food insecurity data is available from the Feeding America Map the Meal Gap: Child Food Insecurity 2011 Survey: http://feedingamerica.org/hunger-in-america/hunger-studies/map-the-meal-gap.aspx. Jurisdiction program participation data is available from Maryland Hunger Solutions: http://www.mdhungersolutions.org/facts_stats/county_participation.shtm. Annually, the Census Bureau conducts the Current Population Survey's (CPS) Annual Social and Economic Supplement to collect nationally-representative data assessing food insecurity among households and makes this data publicly available. *Map the Meal Gap: Child Food Insecurity 2011* aggregates this information from the CPS to the State level. With this State-level information, the relationship between children living in food insecure households and key indicators of food insecurity is assessed. The following indicators were used: unemployment rates, child poverty rates, family median income and percent African American children and Hispanic children. These variables were selected because they are associated with food insecurity and are publicly available at the county, congressional district and state levels through CPS, Bureau of Labor Statistics, American Community Survey (ACS), and, in the case of congressional districts, ProximityOne. In addition, the model controls for state-specific and year-specific factors.

Based on the State-level relationships that exist between the variables described above and food insecurity, county and congressional district-level estimates of children in food insecure households were derived. The

county-level results were aggregated to provide the State-level estimates. Estimates were also developed to sort food insecure children into categories based on household income: above and below 185% of the poverty line. This "income banding" of the food insecure child population was prepared using ACS data at the county and congressional district levels. Detailed information about the methodology can be found in a separate technical brief available on our website.

[6] "School Breakfast Scorecard: School Year 2011-2012." Food Research and Action Center; http://frac.org/pdf/Scorecard_SY2011-2012.pdf

[7] *State of Maryland Out-of-Home Placement and Family Preservation Resource Plan,* p. 15. Governor's Office for Children on behalf of the Children's Cabinet, December 14, 2012. http://goc.maryland.gov/PDF/LegReports/OOH/FY2012_OOHP_ReportFinal.pdf.

[8] The one-day census is taken each year at the end of January, about halfway through the fiscal year, which counts the total number of children in placement, or total number of placements utilized, at that point in time.

[9] The data are located in Part I of the CSPR, section 1.9 and at the following link: http://www.marylandpublicschools.org/MSDE/programs/esea/?WBCMODE=PresentationUnpublishe%25%25%25/.

[10] Violent crime includes murder, rape, robbery, and aggravated assault.

[11] *The Impact of Violence on Children.* Joy D. Osofsky, Ph.D. Princeton University, 1999. http://www.jstor.org/discover/10.2307/1602780?uid=3739704&uid=2&uid=4&uid=3739256&sid=21103099351901

[12] U.S. Census Bureau, Small Area Income and Poverty Estimates. Retrieved on 12/12/13 from http://www.census.gov/did/www/saipe/data/interactive/#

[13] Maryland Department of Labor, Licensing, and Regulation; Civilian Labor Force, Employment & Unemployment by Place of Residence (LAUS) – Maryland. Retrieved on 5/15/13 from http://dllr.maryland.gov/lmi/laus/maryland.shtml.

[14] Additional data sources for U.S. Census Bureau data regarding poverty include the American Community Survey (ACS) and the Current Population Survey (CPS). These data sets, like SAIPE, are available yearly, with the most recent data (as of this report publication date) through 2011. Jurisdictional data is not available through CPS, and only 16 Maryland jurisdictions' data is available through ACS.

ACS data - http://factfinder2.census.gov/faces/nav/jsf/pages/searchresults.xhtml?refresh=t

CPS data - http://www.census.gov/cps/data/cpstablecreator.html

[15] How the Census Bureau Measures Poverty, U.S. Census Bureau. Retrieved on 12/12/13 from http://www.census.gov/hhes/www/poverty/about/overview/measure.html.

[16] Maryland Department of Business and Economic Development. Retrieved on 12/10/13 from http://www.choosemaryland.org/live/pages/costofliving.aspx

04 APPENDIX

04 APPENDIX
STATISTICS

A GUIDE TO STATISTICS

The following is a brief description of two key statistics used throughout this guide (percent and rate), a word of caution about their use, and instructions on how to calculate the rate-of-change statistic in order to track trends.

Percent: Percent means per 100. For example, 15% means 15 out of 100, 75% means 75 out of 100.

Percent = (Number in sub-group) ÷ (Number in whole group) x 100

Example: Percent of babies born at low birth weight, CY2011

Percent = (Number LBW) ÷ (Total number of births) x 100

= 6,623 ÷ 73,250 x 100

= 9% of births in 2002 were less than 2,500 grams (5.5 pounds)

Rate: The easiest way to understand a rate is to think of a percent as a rate per 100. (Note: Many indicators are presented as rates per 100,000.) In the example above, 9% of babies born at low birth weight could also be expressed as "9 babies per 100" are born at low birth weight.

Rate = (Number in sub-group) ÷ (Number in whole group) x MULTIPLIER

Example: Rate of youth (ages 10-17) arrested for violent crimes per 100,000 youth (ages 10-17)

Rate = (Number arrested) ÷ (Number of youth ages 10-17) x 100,000

= 3,037 ÷ 567,678 x 100,000

= 535 per 100,000 youth ages 10-17 were arrested for violent crimes in 1998

Rate of Change: It is often helpful to see how an indicator has changed over time. The rate of change refers to the magnitude of the change from one time frame to another (*e.g.*, from 1995 to 1998). Rate of change is expressed as a percentage. A positive percentage indicates an upward trend while a negative percentage denotes a downward trend.

Rate of Change = {[(Recent year number) ÷ (Prior year number)] - 1} x 100

Example: Rate of change in the rate of out-of-home placements, FY10 to FY11

Rate of Change = {[(FY11 rate of placement) ÷ (FY10 rate of placement)] - 1} x 100

= {[10.9 ÷ 11.2] - 1} x 100

= -2.7% is the rate of change in the rate of placements from FY10 to FY11.

Caution Needed When Using Percentages or Rates with Small Numbers of Incidents: Caution is necessary when using percentages and rates with small numbers of incidents. If the item to be measured has less than 5 occurrences (*e.g.*, infant mortality in a given jurisdiction for a given year), then a percentage or rate should not be produced. One or both of the following methods can be employed to create a more stable percentage or rate:

- Multi-year averaging, which involves using a longer time period to produce the rate (*e.g.*, using 3 or 5 years data); or
- Enlarging the geographic area (*e.g.*, using a region containing several jurisdictions).

Both of these methods increase the number of observed events and hence the stability and reliability of percentages or rates calculated.

INDICATOR TRENDS SUMMARY CHART

Indicators:		Five Year Trend	Average Yearly Percent Change*	Recent Year Percent Change	Recent Year Measurement
Infant Mortality	The number of deaths occurring to infants under one year of age per 1,000 live births.				
		▲	-5.7%	-6.0%	6.3 per 1,000
Low Birth Weight	The percent of all births with birth weight less than 2,500 grams (approximately 5.5 pounds).				
		▲	-1.4%	-1.1%	8.8%
Births to Adolescents	The rate of births to adolescent females ages 15 through 19 years, per 1,000 of the population.				
		▲	-9.3%	-10.5%	22.1 per
Immunizations	The percent of children aged 19–35 months who have received the full schedule of recommended immunizations.				
		▼	-1.8%	-10.0%	73.0%
Hospitalizations	The rate of nonfatal injury hospitalizations to children ages 0-21 years per 100,000 of the population.				
	Unintentional Injuries	▲	-7.1%	-5.2%	214.2 per
	Assault Injuries	▲	-10.1%	-15.7%	36 per 100,000
	Self-Inflicted Injuries	▼	2.8%	-2.5%	47.4 per 100,000
Deaths	The rate of deaths to children ages 0-21 years per 100,000 of the population.				
		▲	-5.5%	-3.1%	57.2 per 100,000
Kindergarten Assessment	The percent of students enrolled in public school Kindergarten in Maryland that score Full Readiness on the Kindergarten Assessment.				
	Composite	▲	**4.9%**	**-1.3%**	**82%**
	Social & Personal	▲	**4.1%**	**-0.5%**	**80%**
	Language & Literacy	▲	**5.9%**	**-0.8%**	**72%**
	Mathematical Thinking	▲	**4.6%**	**-2.7%**	**75%**
	Scientific Thinking	▲	**11.1%**	**-0.8%**	**70%**
	Social Studies	▲	**3.4%**	**-0.5%**	**76%**
	The Arts	▲	**4.4%**	**-1.1%**	**84%**
	Physical Development	▲	**3.2%**	**0.6%**	**90%**

04 APPENDIX
INDICATOR TRENDS SUMMARY CHART

Indicators:		Five Year Trend	Average Yearly Percent Change*	Recent Year Percent Change	Recent Year Measurement
Academic Performance	**Maryland School Assessment**	The average percent of public school students in grades 3 through 8 performing at or above proficient levels in reading and mathematics on the MSA.			
		▲	1.4%	0.8%	83.6%
	High School Assessment	The average percent of public school students in grades 9 through 12 performing at the passing level in four core subjects of the Maryland HSA: Algebra, Biology, English 2, and Government.			
		-	0.0%	0.9%	82.9%
Truancy		Percent of public school students in all grades absent more than 20 days of the school year (excluding summer school).			
		▲	-2.6%	-4.4%	10.8%
Dropout		The percent of public school students, grades 9-12, who withdrew from school before graduation or before completing a Maryland approved educational program during the academic year and are not known to have enrolled in another high school program.			
		▼	2.3%	9.4%	3.5%
Program Completion		The percent of high school graduates who successfully completed the minimum course requirements needed to enter the University System of Maryland, to complete an approved Career and Technology Education program, or who completed requirements for both.			
	University of MD	-	-0.8%	-0.9%	57.9%
	Career & Technology	-	-3.3%	3.3%	9.4%
	Both	-	2.4%	13.7%	11.6%
	Total	▼	-0.7%	1.5%	78.9%
Program Completion of Students with Disabilities		Percent of students with disabilities who exit special education by graduating or completing school.			
	With Diploma	▲	1.2%	-5.8%	38.0%
	With Certificate	▲	3.2%	5.4%	7.1%
Educational Attainment		The percent of young adults 18 to 24 years old who have attained a high school diploma, associate's degree, or higher degree.			
	Less than high school	▲	-3.5%	-5.4%	12.3%
	High school	-	-1.3%	-0.7%	29.0%
	Some college or Associate's	▲	2.8%	1.5%	46.5%
	Bachelor's	▼	-2.0%	2.5%	12.3%

INDICATOR TRENDS SUMMARY CHART

Indicators:		Five Year Trend	Average Yearly Percent Change*	Recent Year Percent Change	Recent Year Measurement
Youth Employment	Percentage of young adults ages 16 to 24 years old who are in the labor force.				
		▼	-1.7%	-1.3%	59.2%
Juvenile Felony Offenses	The rate of intake referrals to the Maryland Department of Juvenile Services (DJS) for youth ages 10-17 for felony offenses by Fiscal Year, per 100,000 of the population.				
	10 through 14	▲	-14.6%	-3.1%	382 per 100,000
	15 through 17	▲	-15.5%	-11.0%	1822 per 100,000
	10 through 17	▲	-15.7%	-9.1%	935 per 100,000
Recidivism	Juvenile and adult re-adjudicated/convicted recidivism rates for youths released from the DJS committed programs after 12, 24, and 36 months.				
	12 Months	▼	0.3%	-6.3%	19.3%
Maltreatment	Child Protective Service (CPS) investigations that are ruled "indicated" or "unsubstantiated," per 1,000 of the child population.				
	Indicated	▼	6.6%**	0%	6.9 per 1,000
	Unsubstantiated	▼	4.2%**	1.6%	6.4 per 1,000
Hunger	The percentage of families who are food-insecure because of the lack of access, at times, to enough food for an active, healthy life for all household members; limited or uncertain availability of nutritionally adequate foods.				
		▼	8.1%	4.0%	13.0%
Out of Home Placement	The number of out-of-home placements that occur per 1,000 children in the population.				
		▼	2.8%	11.8%	12.3 per 1,000
Homelessness	The percentage of children enrolled in the public school system that lack a fixed, regular, and adequate nighttime residence or who are awaiting foster-care placement.				
		▼	13.3%	3.7%	1.7%

▲ Indicates an area of positive growth.

▼ Indicates an area of negative growth.

*Indicates average yearly percent change over five year period unless otherwise noted.

**Indicates average yearly percent change over three year period.

04 APPENDIX
JURISDICTIONAL DATA

Infant (<1 year) Mortality Occurring per 1,000 Live Births, by Jurisdiction and Calendar Year					
	2008	**2009**	**2010**	**2011**	**2012**
MARYLAND	**8.0**	**7.2**	**6.7**	**6.7**	**6.3**
NORTHWEST AREA	**7.6**	**4.4**	**5**	**3.7**	**3.8**
GARRETT	*	*	*	*	*
ALLEGANY	8.4	*	6.8	7.7	*
WASHINGTON	5.5	7.4	6.2	*	4.0
FREDERICK	8.4	3.8	3.2	3.6	4.4
BALTIMORE METRO AREA	**8.2**	**8**	**7.2**	**6.6**	**6.6**
BALTIMORE CITY	12.1	13.5	11	10.5	9.7
BALTIMORE COUNTY	7.2	7.4	6.7	6.3	5.3
ANNE ARUNDEL	8.7	4.9	4.7	5.1	6.4
CARROLL	3.4	4.5	5	*	3.7
HOWARD	3.8	6.9	6.8	4.7	4.9
HARFORD	5.4	3.2	5.5	3.7	5.3
NATIONAL CAPITAL AREA	**8.1**	**7**	**6.6**	**7.3**	**6.8**
MONTGOMERY	5.6	5.5	4.3	5.3	5.1
PRINCE GEORGE'S	10.9	8.7	9	9.5	8.6
SOUTHERN AREA	**8.6**	**5.7**	**5.8**	**5.9**	**3.6**
CALVERT	7.3	*	*	7.3	*
CHARLES	7.8	6.6	5.6	8.2	3.6
SAINT MARY'S	10.3	5.4	7.6	*	*
EASTERN SHORE AREA	**6.0**	**7.3**	**6.9**	**8.9**	**6.9**
CECIL	*	*	5.9	8.8	*
KENT	*	*	*	*	*
QUEEN ANNE'S	*	*	10.3	*	*
CAROLINE	12.0	*	*	*	13.6
TALBOT	*	*	*	22.2	*
DORCHESTER	17.7	21.9	*	*	*
WICOMICO	5.9	9.1	5.6	7.7	10.8
SOMERSET	*	*	*	*	*
WORCESTER	*	*	16.7	10.6	*

**Rates based on fewer than five events in the numerator are not presented since such rates are likely to be unstable*

Percentage of Low Birth Weight (<2500g) Infants, by Jurisdiction and Calendar Year					
	2008	2009	2010	2011	2012
MARYLAND	**9.3**	**9.2**	**8.8**	**8.9**	**8.8**
NORTHWEST AREA	**7.8**	7.6	8.9	7.7	8.3
GARRETT	10.8	8.5	7.9	6.0	8.4
ALLEGANY	10.3	7.2	10.3	8.9	7.6
WASHINGTON	6.1	7.1	9.1	7.7	8.8
FREDERICK	8.0	7.9	8.5	7.5	8.2
BALTIMORE METRO AREA	**9.8**	**9.6**	**9**	**9.2**	**9.1**
BALTIMORE CITY	12.8	12.8	11.7	11.6	11.8
BALTIMORE COUNTY	8.8	8.9	8.4	9.1	9.0
ANNE ARUNDEL	9.2	8.2	8.2	8.1	7.8
CARROLL	6.9	7.4	5.8	5.8	6.2
HOWARD	8.6	8.6	7.7	8.3	8.0
HARFORD	7.4	7.6	7.6	7.3	6.8
NATIONAL CAPITAL AREA	**9.2**	**9.3**	**8.9**	**8.8**	**8.7**
MONTGOMERY	7.9	8.2	7.7	7.7	7.4
PRINCE GEORGE'S	10.6	10.5	10.2	10.0	10.0
SOUTHERN AREA	**8.8**	**8**	**7.3**	**7.8**	**8.8**
CALVERT	0.1	7.7	6	6.8	6.9
CHARLES	10.0	9.5	9.8	10.0	10.8
SAINT MARY'S	8.3	6.2	4.9	5.6	7.2
EASTERN SHORE AREA	**8.4**	**8.1**	**8.3**	**9.1**	**8.3**
CECIL	8.0	7.7	7.8	8.7	7.7
KENT	7.8	6.9	10.8	9.2	16.9
QUEEN ANNE'S	7.1	7.4	10.5	8.9	7.4
CAROLINE	8.2	8.3	8.6	8.4	10.1
TALBOT	7.0	4	6.7	8.3	6.9
DORCHESTER	12.2	10.2	11.3	11.2	8.9
WICOMICO	8.8	9.9	8.2	9.0	8.9
SOMERSET	10.8	5.7	7.4	10.1	7.6
WORCESTER	6.1	7.4	5.3	9.1	5.3

JURISDICTIONAL DATA

Adolescent Birth Rate per 1,000 Women (ages 15-19 years), by Jurisdiction and Calendar Year					
	2008	2009	2010	2011	2012
MARYLAND	**32.7**	**31.2**	**27.2**	**24.7**	**22.1**
NORTHWEST AREA	**30.7**	**30.6**	**26.9**	**25.3**	**22.9**
GARRETT	24.3	39.4	30.7	35.0	34.4
ALLEGANY	28.0	35.0	31.8	32.1	23.6
WASHINGTON	46.9	40.8	36.0	38.1	36.2
FREDERICK	24.2	22.9	19.8	15.0	14.4
BALTIMORE METRO AREA	**34.6**	**32.9**	**28.4**	**25.5**	**23.0**
BALTIMORE CITY	63.7	64.4	53.3	50.7	46.9
BALTIMORE COUNTY	27.0	25.2	22.5	21.5	17.2
ANNE ARUNDEL	28.9	27.8	25.8	22.3	20.3
CARROLL	17.1	14.2	15.5	11.6	13.4
HOWARD	13.8	12.9	10.1	8.8	8.3
HARFORD	20.0	19.7	16.9	12.4	14.9
NATIONAL CAPITAL AREA	**28.9**	**28.1**	**25.7**	**22.6**	**20.7**
MONTGOMERY	20.9	20.3	17.4	14.1	13.5
PRINCE GEORGE'S	36.3	35.4	33.1	30.7	27.7
SOUTHERN AREA	**26.6**	**27.4**	**22.2**	**22.4**	**18.5**
CALVERT	20.6	21.8	17.9	16.0	15.4
CHARLES	30.3	26.8	22.8	21.5	20.2
SAINT MARY'S	26.7	33.6	24.9	29.4	18.7
EASTERN SHORE AREA	**43.6**	**38.2**	**30.4**	**29.9**	**24.7**
CECIL	46.0	32.3	32.1	32.3	28.7
KENT	24.2	30.0	15.5	10.6	12.7
QUEEN ANNE'S	30.4	23.3	16.4	16.1	14.1
CAROLINE	47.6	65.2	41.4	37.2	24.9
TALBOT	24.5	17.3	20.4	24.8	18.5
DORCHESTER	77.5	68.0	55.1	43.8	46.6
WICOMICO	48.3	44.7	30.9	33.3	24.8
SOMERSET	35.5	34.8	31.6	24.4	30.4
WORCESTER	43.3	34.0	26.6	33.0	19.3

Nonfatal Injury Hospitalization Rate among Children (0-21 yrs) per 100,000, from 2007 through 2011			
	Unintentional	Assault	Self-Inflicted
Allegany	357.3	22.7	121.5
Anne Arundel	266.5	28.6	31.9
Baltimore	322.5	49.5	41.5
Calvert	179.6	14.1	69.0
Caroline	447.5	26.7	39.0
Carroll	415.9	19.2	108.9
Cecil	267.5	10.2	48.1
Charles	154.0	16.8	43.7
Dorchester	393.4	50.4	103.1
Frederick	229.3	14.5	55.8
Garrett	263.5	*	37.6
Harford	345.3	30.2	40.3
Howard	227.3	23.1	35.2
Kent	444.1	29.9	89.6
Montgomery	128.1	13.7	50.4
Prince George's	94.3	35.2	33.2
Queen Anne's	368.5	27.3	42.5
St. Mary's	136.1	6.7	44.4
Somerset	221.2	26.0	23.4
Talbot	334.8	20.9	51.2
Washington	263.3	23.5	59.1
Wicomico	263.2	36.0	40.0
Worcester	263.8	39.2	33.9
Baltimore City	484.2	200.9	42.0
Total	250.9	46.8	45.7

* Rates based on <6 events are not reported due to instability.

JURISDICTIONAL DATA

Child (0-21 years) Death Rate per 100,000, from 2008 through 2012	
	Death Rate
Allegany	46.2
Anne Arundel	52.4
Baltimore	58.6
Calvert	57.0
Caroline	104.6
Carroll	40.8
Cecil	64.0
Charles	56.5
Dorchester	93.2
Frederick	42.9
Garrett	58.0
Harford	50.8
Howard	45.9
Kent	52.7
Montgomery	44.2
Prince George's	75.1
Queen Anne's	51.3
St. Mary's	51.6
Somerset	44.3
Talbot	74.1
Washington	53.8
Wicomico	58.9
Worcester	62.3
Baltimore City	112.1
Total	**61.9**

Percentage of Kindergarten Students Who Earned a Composite Score of Full Readiness on the Maryland Kindergarten Assessment, by Jurisdiction and Fiscal Year

	2007	2008	2009	2010	2011	2012
Allegany	73	77	76	91	90	86
Anne Arundel	69	72	73	86	86	86
Baltimore City	58	57	65	67	73	78
Baltimore	77	73	80	85	87	87
Calvert	70	75	79	89	87	85
Caroline	69	79	82	94	97	94
Carroll	60	63	69	95	95	96
Cecil	53	61	59	80	78	74
Charles	52	46	73	83	83	78
Dorchester	59	61	85	79	79	77
Frederick	76	76	77	88	88	86
Garrett	81	76	69	94	91	91
Harford	83	82	84	85	87	87
Howard	71	76	76	86	87	89
Kent	67	81	55	85	84	85
Montgomery	68	70	73	74	81	80
Prince George's	59	62	71	79	77	73
Queen Anne's	72	89	71	83	91	88
St. Mary's	70	69	79	90	93	88
Somerset	79	78	68	85	93	78
Talbot	68	66	88	80	82	78
Washington	65	69	72	76	78	75
Wicomico	66	66	69	87	88	89
Worcester	68	75	75	82	89	85
Maryland	**68**	**68**	**73**	**81**	**83**	**82**

Percentage of Students, Grades 3-8, Scoring At or Above Proficient on the Maryland School Assessment, by Jurisdiction, Academic Year 2012

	Math	Science	Reading
Allegany	85.5	74.4	85.2
Anne Arundel	87.2	78.8	89.1
Baltimore County	82.5	70.7	86.4
Calvert	91.1	87.1	91.8
Caroline	90.5	81.6	86.7
Carroll	90.8	84.4	92.8
Cecil	83.2	65.7	84.7
Charles	82.8	65.3	84.7
Dorchester	74.1	60.7	74
Frederick	89.8	82	91.5
Garrett	84.8	82.3	89.1
Harford	86.2	78.6	89.3
Howard	91.5	82.4	92.5
Kent	76	70.4	81.9
Montgomery	85.5	75.5	90.4
Prince George's	71	54.2	77.7
Queen Anne's	91.1	85.4	92.7
Saint Mary's	87.7	80.8	87
Somerset	85.8	76.1	86.2
Talbot	83.1	75.5	86
Washington	86.5	73.2	86.1
Wicomico	82.9	61.1	82
Worcester	94.5	80.5	93.7
Baltimore City	63.4	38.2	67.3
Maryland	82	69.6	85.2

Percent of Maryland High School Students Receiving a Passing Score in the Maryland High School Assessment, By Jurisdiction, Academic Year 2012

	Algebra	Biology	English
Allegany	79	78	71.6
Anne Arundel	91	86.2	87.5
Baltimore County	86.2	82.6	85.4
Calvert	96.4	97.4	95.9
Caroline	83.9	89.6	77.5
Carroll	94.7	91.4	92.5
Cecil	93.5	86.3	86.6
Charles	90.3	85	88.7
Dorchester	78.8	74.2	69.3
Frederick	92.8	89.6	90.2
Garrett	91.1	90.8	90.4
Harford	89.4	84.1	83.8
Howard	94.7	94.7	91.9
Kent	79.5	68.9	77.3
Montgomery	90.1	90.4	89
Prince George's	67.7	65.7	73.7
Queen Anne's	94.8	92	91.4
Saint Mary's	91.6	91.5	85.3
Somerset	77.4	80.7	79.2
Talbot	84.8	86.1	79.5
Washington	94.5	90.1	88.7
Wicomico	81.2	80.3	79.6
Worcester	94.1	86.8	88.7
Baltimore City	57.9	55.3	59.7
Maryland	83.9	81.7	83.1

JURISDICTIONAL DATA

Percent of Maryland Public School Students Absent More than 20 Days, by Jurisdiction, Academic Year 2012	
Allegany	10.9
Anne Arundel	9.16
Baltimore County	10.37
Calvert	4.37
Caroline	11.1
Carroll	6.46
Cecil	14.39
Charles	8.98
Dorchester	14.96
Frederick	7.97
Garrett	3.79
Harford	8.92
Howard	4.8
Kent	15.17
Montgomery	9.11
Prince George's	13.29
Queen Anne's	7.18
Saint Mary's	10.38
Somerset	10.5
Talbot	8.65
Washington	6.97
Wicomico	10.45
Worcester	10.26
Baltimore City	23.12
Maryland	10.8

Percentage of Public High School Students, Grades 9-12, Who Drop Out of School, by Jurisdiction, Academic Year 2012	
Allegany	<= 3.00
Anne Arundel	3.04
Baltimore County	3.33
Calvert	<= 3.00
Caroline	3.07
Carroll	<= 3.00
Cecil	<= 3.00
Charles	<= 3.00
Dorchester	3.83
Frederick	<= 3.00
Garrett	<= 3.00
Harford	<= 3.00
Howard	<= 3.00
Kent	3.12
Montgomery	<= 3.00
Prince George's	7.38
Queen Anne's	<= 3.00
Saint Mary's	<= 3.00
Somerset	3.69
Talbot	<= 3.00
Washington	<= 3.00
Wicomico	3.98
Worcester	<= 3.00
Baltimore City	5.53
Maryland	3.45

Percentage of High School Graduates who Meet the Requirements to Enter the University of MD System, Complete a Career and Technology Program, or Both, by Jurisdiction, Academic Year 2012

	University of MD	Career & Technology	Both	Total
Allegany	50.1	9.8	14.2	74.1
Anne Arundel	72.7	9.9	6.7	89.3
Baltimore County	72.1	7.9	14.9	94.9
Calvert	65.3	18.6	14.5	98.4
Caroline	58.9	18.6	15.3	92.8
Carroll	44.5	14.8	18.7	78
Cecil	53.1	15.2	11.5	79.8
Charles	19.5	24.5	42.1	86.1
Dorchester	55.7	24.5	9.6	89.8
Frederick	75.7	9.4	10.5	95.6
Garrett	40.4	39.8	19.1	99.3
Harford	50.7	12.3	14.7	77.7
Howard	64.7	6.5	11.8	83
Kent	59.8	6.5	33.1	99.4
Montgomery	70.4	<= 5.0	<= 5.0	70.4
Prince George's	22.4	<= 5.0	<= 5.0	22.4
Queen Anne's	59.6	16.5	21.7	97.8
Saint Mary's	49.8	34.5	14.7	99
Somerset	44.0	35.2	12.1	91.3
Talbot	39.7	31.4	18.3	89.4
Washington	61.7	16.5	20.0	98.2
Wicomico	28.8	22.5	<= 5.0	51.3
Worcester	70.1	6.0	20.9	97
Baltimore City	74.3	<= 5.0	19.6	93.9
Maryland	57.9	9.4	11.6	78.9

Program Completion of Students with Disabilities, by Jurisdiction, Academic Year 2012

		With Diploma		With Certificate	
	Total	Number	Percent	Number	Percent
STATE TOTAL	11,484	4,359	37.96%	812	7.07%
Allegany	103	57	55.34%	1	0.97%
Anne Arundel	853	292	34.23%	60	7.03%
Baltimore City	1,673	541	32.34%	106	6.34%
Baltimore	1,513	573	37.87%	131	8.66%
Calvert	170	73	42.94%	16	9.41%
Caroline	73	23	31.51%	7	9.59%
Carroll	319	156	48.90%	31	9.72%
Cecil	210	76	36.19%	13	6.19%
Charles	252	110	43.65%	18	7.14%
Dorchester	53	19	35.85%	6	11.32%
Frederick	488	185	37.91%	40	8.20%
Garrett	80	21	26.25%	1	1.25%
Harford	533	214	40.15%	44	8.26%
Howard	401	182	45.39%	43	10.72%
Kent	55	26	47.27%	2	3.64%
Montgomery	1,472	613	41.64%	81	5.50%
Prince George's	1,927	781	40.53%	123	6.38%
Queen Anne's	90	46	51.11%	6	6.67%
St. Mary's	219	85	38.81%	13	5.94%
Somerset	51	19	37.25%	5	9.80%
Talbot	38	18	47.37%	4	10.53%
Washington	293	103	35.15%	28	9.56%
Wicomico	181	66	36.46%	16	8.84%
Worcester	79	36	45.57%	4	5.06%
Total Local Education Agencies	11,126	4,315	38.78%	799	7.18%
Adult Corrections	65	5	7.69%	0	0.00%
Department of Juvenile Services	108	4	3.70%	0	0.00%
Maryland School for the Blind	30	8	26.67%	13	43.33%
Maryland School for the Deaf	45	27	60.00%	0	0.00%
MSDE/Juvenile Education Services	107	0	0.00%	0	0.00%
SEED	3	0	0.00%	0	0.00%
Total Public Agencies	358	44	12.29%	13	3.63%

Percentage of Students, Grades 3-8, Scoring At or Above Proficient on the Alternative Maryland School Assessment, by Jurisdiction, Academic Year 2012			
	Math	Science	Reading
Allegany	75.8	51.9	84.8
Anne Arundel	93.3	88.8	93
Baltimore County	97.8	92.8	97.8
Calvert	86.3	89.5	90.2
Caroline	72.2	50	66.7
Carroll	89.2	90.5	92.5
Cecil	76.5	72.7	86.8
Charles	93.1	79.5	97.7
Dorchester	97.4	89.5	97.4
Frederick	89	64.8	92.4
Garrett	96.4	85.7	100
Harford	89.7	86.5	91.8
Howard	90.7	90.2	96.6
Kent	93.3	44.4	93.3
Montgomery	92.8	90	93.4
Prince George's	88.6	84.2	92.4
Queen Anne's	70.6	66.7	82.4
Saint Mary's	94.4	81.3	97.2
Somerset	38.9	44.4	55.6
Talbot	80	77.8	85
Washington	92.8	95.3	95.2
Wicomico	94.6	85.4	95.7
Worcester	100	100	100
Baltimore City	79.4	60.6	83.7
Maryland	89.5	81.8	92.1

Number of Reported Incidents of Bullying and Harassment per Local School System, AY2008 - AY2012					
	2007-2008	2008-2009	2009-2010	2010-2011	2011-2012
Allegany	72	59	58	40	64
Anne Arundel	155	45	236	409	443
Baltimore County	142	119	302	510	464
Calvert	68	210	234	177	213
Caroline	9	5	14	7	26
Carroll	74	111	235	314	247
Cecil	7	13	44	5	243
Charles	42	76	95	105	187
Dorchester	9	18	31	66	67
Frederick	142	157	223	199	207
Garrett	5	6	36	17	23
Harford	38	38	89	54	82
Howard	51	103	224	300	459
Kent	2	7	46	99	80
Montgomery	79	127	295	437	516
Prince George's	54	77	488	452	325
Queen Anne's	32	32	103	84	71
Saint Mary's	68	93	65	112	96
Somerset	37	35	45	37	28
Talbot	6	23	182	182	177
Washington	55	78	177	154	177
Wicomico	124	215	322	315	348
Worcester	13	13	31	36	36
Baltimore City	12	26	213	541	629
SEED Schools		20	30	26	5
Maryland	1296	1706	3818	4678	5213

Number of Juvenile Felony Offenses, by Jurisdiction, Fiscal Year 2012							
	Non-Violent Felony			Violent Felony			Total
	10-14	15-17	Total	10-14	15-17	Total	
Allegany	11	21	32	10	14	24	56
Anne Arundel	56	154	210	76	134	210	420
Baltimore City	166	896	1062	193	326	519	1581
Baltimore County	87	287	374	145	285	430	804
Calvert	19	34	53	8	13	21	74
Caroline	3	10	13	10	11	21	34
Carroll	4	28	32	9	14	23	55
Cecil	14	32	46	15	25	40	86
Charles	9	51	60	26	55	81	141
Dorchester	6	15	21	3	10	13	34
Frederick	14	64	78	7	41	48	126
Garrett	4	17	21	5	13	18	39
Harford	19	48	67	20	44	64	131
Howard	13	89	102	14	61	75	177
Kent	3	5	8	19	6	25	33
Montgomery	36	253	289	81	256	337	626
Prince George`s	76	263	339	117	396	513	852
Queen Anne`s	5	13	18	4	6	10	28
Somerset	8	7	15	11	6	17	32
St. Mary`s	1	55	56	11	20	31	87
Talbot	3	10	13	4	2	6	19
Washington	18	40	58	20	25	45	103
Wicomico	18	46	64	22	42	64	128
Worcester	5	31	36	16	24	40	76
Total	598	2469	3067	846	1829	2675	5742

Re-adjudication/Conviciton Recidivism Rates for Committed Program Juvenile and/or Criminal Justice Recidivism Rates 12 Months After Release, by Jurisdiction												
	Fiscal Year 2010				Fiscal Year 2011				Fiscal Year 2012			
	# of Releases	Rear-rest	Reconvic-tion	Reincarcera-tion	# of Re-leases	Rear-rest	Reconvic-tion	Reincarcera-tion	# of Re-leases	Rear-rest	Reconvic-tion	Reincarcera-tion
Allegany	23	52.2%	26.1%	21.7%	23	56.5%	8.7%	8.7%	28	64.3%	21.4%	14.3%
Anne Arundel	113	51.3%	16.8%	14.2%	126	52.4%	26.2%	16.7%	137	47.4%	20.4%	14.6%
Baltimore City	374	65.0%	19.5%	17.1%	391	65.5%	20.5%	16.4%	354	58.8%	17.8%	13.8%
Baltimore Co.	114	66.7%	23.7%	17.5%	126	60.3%	22.2%	15.9%	158	62.0%	29.7%	23.4%
Calvert	23	52.2%	13.0%	8.7%	13	61.5%	7.7%	0.0%	27	33.3%	11.1%	7.4%
Caroline	15	46.7%	20.0%	13.3%	13	46.2%	23.1%	7.7%	9	22.2%	55.6%	44.4%
Carroll	36	50.0%	22.2%	8.3%	40	60.0%	40.0%	17.5%	42	61.9%	38.1%	26.2%
Cecil	17	70.6%	29.4%	17.6%	13	46.2%	7.7%	0.0%	24	50.0%	0.0%	0.0%
Charles	68	38.2%	8.8%	7.4%	55	36.4%	12.7%	7.3%	41	48.8%	7.3%	7.3%
Dorchester	12	50.0%	8.3%	8.3%	9	33.3%	11.1%	11.1%	6	33.3%	33.3%	33.3%
Frederick	57	59.6%	29.8%	12.3%	38	65.8%	28.9%	7.9%	43	53.5%	20.9%	11.6%
Garrett	11	45.5%	9.1%	9.1%	10	60.0%	20.0%	10.0%	4	25.0%	25.0%	25.0%
Harford	38	57.9%	26.3%	10.5%	14	64.3%	7.1%	7.1%	35	45.7%	22.9%	11.4%
Howard	18	72.2%	16.7%	16.7%	14	71.4%	14.3%	7.1%	22	77.3%	40.9%	22.7%
Kent	7	57.1%	14.3%	14.3%	7	42.9%	14.3%	0.0%	5	40.0%	20.0%	20.0%
Montgomery	159	47.8%	23.3%	11.9%	167	54.5%	26.9%	19.8%	145	51.7%	29.0%	23.4%
Prince	254	53.9%	15.7%	10.2%	199	50.8%	13.1%	10.1%	249	50.6%	10.0%	8.4%
Queen Anne's	18	44.4%	11.1%	5.6%	7	57.1%	14.3%	0.0%	10	60.0%	10.0%	0.0%
Somerset	6	66.7%	0.0%	0.0%	10	40.0%	0.0%	0.0%	7	42.9%	0.0%	0.0%
St. Mary's	33	45.5%	27.3%	15.2%	32	56.3%	28.1%	12.5%	32	37.5%	12.5%	12.5%
Talbot	12	41.7%	0.0%	0.0%	8	50.0%	12.5%	0.0%	6	16.7%	0.0%	0.0%
Washington	62	62.9%	35.5%	17.7%	53	56.6%	34.0%	18.9%	55	52.7%	25.5%	21.8%
Wicomico	65	61.5%	12.3%	12.3%	51	56.9%	13.7%	9.8%	79	51.9%	12.7%	7.6%
Worcester	24	50.0%	4.2%	4.2%	23	43.5%	21.7%	17.4%	14	50.0%	14.3%	14.3%
Out-of-State	21	14.3%	9.5%	9.5%	28	21.4%	0.0%	0.0%	40	30.0%	10.0%	10.0%
Statewide Total	**1,580**	**56.1%**	**19.2%**	**13.3%**	**1,470**	**56.3%**	**20.5%**	**13.7%**	**1,572**	**52.9%**	**19.3%**	**14.7%**

04 APPENDIX
JURISDICTIONAL DATA

Number and Rate of Indicated and Unsubstantiated Child Abuse and Neglect Findings, by Jurisdiction, Fiscal Year 2012

	Total Indicated	Total Unsub	Total Indicated & Unsub Findings	Under 18 Population	Rate, per 1,000, of Indicated and Unsubstantiated Findings
Allegany	348	124	472	13,166	35.8
Anne Arundel	472	498	970	125,245	7.7
Baltimore City	1,778	1,661	3,439	133,562	25.7
Baltimore County	1,062	1,085	2,147	176,310	12.2
Calvert	188	92	280	22,672	12.4
Caroline	48	56	104	8,123	12.8
Carroll	149	16	165	39,877	4.1
Cecil	344	401	745	24,959	29.8
Charles	213	170	383	38,415	10.0
Dorchester	215	179	394	7,068	55.7
Frederick	448	357	805	58,529	13.8
Garrett	32	8	40	6,480	6.2
Harford	276	512	788	59,086	13.3
Howard	176	115	291	74,335	3.9
Kent	12	17	29	3,517	8.2
Montgomery	887	865	1,752	234,924	7.5
Prince George's	889	1,286	2,175	205,072	10.6
Queen Anne's	36	55	91	11,208	8.1
St. Mary's	223	104	327	27,614	11.8
Somerset	104	71	175	4,440	39.4
Talbot	50	31	81	7,235	11.2
Washington	915	468	1,383	33,527	41.3
Wicomico	216	144	360	22,034	16.3
Worcester	240	274	514	9,237	55.6
Maryland	**9,321**	**8,589**	**17,910**	**1,346,635**	**13.3**

Feeding America Map the Meal Gap - Child Food Insecurity Rates By County		
	2010	2011
National	21.6%	22.4%
Maryland	17.8%	19.0%
Allegany	24.0%	24.8%
Anne Arundel	15.9%	16.3%
Baltimore City	19.8%	21.5%
Baltimore County	16.1%	16.2%
Calvert	15.1%	14.8%
Caroline	21.6%	21.1%
Carroll	17.3%	16.9%
Cecil	21.6%	21.5%
Charles	11.4%	11.3%
Dorchester	21.5%	23.2%
Frederick	16.5%	16.7%
Garrett	23.7%	24.6%
Harford	16.6%	17.2%
Howard	13.5%	13.4%
Kent	19.9%	21.5%
Montgomery	14.9%	15.3%
Prince George's	11.1%	11.4%
Queen Anne's	17.6%	17.9%
St. Mary's	16.6%	17.0%
Somerset	24.2%	24.9%
Talbot	17.7%	19.9%
Washington	22.3%	23.5%
Wicomico	19.4%	20.9%
Worcester	23.0%	23.9%

Rate of New Placement Settings (per 1,000 children birth through 18), Jurisdiction and Fiscal Year						
Jurisdiction	**2009**	**2010**	**2011**	**2012**	**Average Change**	**Last Year Change**
Allegany	18	13.9	14.3	17.6	1%	23%
Anne Arundel	5.5	5.5	4.8	6.1	5%	27%
Baltimore	9.2	10.3	9.1	9.2	0%	1%
Baltimore City	43.5	44.7	42.7	50.7	6%	19%
Calvert	6.8	9	9.5	8.5	9%	-11%
Caroline	14	12.7	14.0	13.1	-2%	-7%
Carroll	4.6	5.3	6.2	7.6	18%	23%
Cecil	11.1	13	13.2	15.3	11%	16%
Charles	7.3	8.1	7.6	7.8	3%	4%
Dorchester	17.4	19.5	12.1	11.9	-9%	-2%
Frederick	6.7	8.4	6.9	8.1	8%	17%
Garrett	17.8	22	15.1	24.8	19%	64%
Harford	9	8.1	8.1	9.8	4%	20%
Howard	3.2	2.9	2.9	2.9	-3%	1%
Kent	18.3	11.3	9.5	7.7	-24%	-19%
Montgomery	6.4	5.6	5.1	4.9	-8%	-2%
Prince George's	5.3	5.9	5.7	6.9	10%	22%
Queen Anne's	9.2	8.5	6.6	7.6	-5%	15%
Somerset	11.9	17.1	14.7	24.3	32%	65%
St. Mary's	8.9	8.2	11.5	10.2	7%	-11%
Talbot	10.9	9.8	11.3	13.7	9%	21%
Washington	13	13.1	13.6	15.1	5%	11%
Wicomico	11.5	10.6	10.6	11.8	1%	11%
Worcester	13.8	14.8	12.3	10.4	-8%	-15%
Maryland	11.4	11.6	11.0	12.3	3%	12%

Percent of Public School Children Who Are Homeless Out of Total Enrollment, by Jurisdiction, Academic Year 2012

	Homeless Enrolled Count	June Net Enrollment 2012	Percent Homeless
Allegany	81	8,884	0.91%
Anne Arundel County	1,100	76,086	1.45%
Baltimore City	2,456	83,325	2.95%
Baltimore County	2,080	105,581	1.97%
Calvert County	196	16,567	1.18%
Caroline County	78	5,492	1.42%
Carroll County	192	27,124	0.71%
Cecil County	472	15,667	3.01%
Charles County	785	26,917	2.92%
Dorchester County	49	4,617	1.06%
Frederick County	614	40,363	1.52%
Garrett County	35	4,091	0.86%
Harford County	325	38,022	0.85%
Howard County	527	51,964	1.01%
Kent County	100	2,177	4.59%
Montgomery County	802	147,822	0.54%
Prince George's County	2,517	123,697	2.03%
Queen Anne's County	45	7,766	0.58%
Somerset County	147	2,892	5.08%
St. Mary's County	227	17,440	1.30%
Talbot County	93	4,551	2.04%
Washington County	382	22,289	1.71%
Wicomico County	1,324	14,407	9.19%
Worcester County	64	6,665	0.96%
Maryland	14,691	854,406	1.72%

Violent Crime in Maryland per 1,000 Persons, by Jurisdiction												
	2007		2008		2009		2010		2011		2012	
	Number of Crimes	Rate Per 1000 Persons	Number of Crimes	Rate Per 1000 Persons	Number of Crimes	Rate Per 1000 Persons	Number of Crimes	Rate Per 1000 Persons	Number of Crimes	Rate Per 1,000 Persons	Number of Crimes	Rate Per 1,000 Persons
MARYLAND *	**36062**	**6.4**	**35394**	**6.3**	**33626**	**5.9**	**31605**	**5.5**	**28798**	**4.9**	**28079**	**4.8**
Baltimore Region	**20560**	**7.8**	**19938**	**7.6**	**19204**	**7.3**	**18399**	**6.9**	**17397**	**6.5**	**16870**	**6.2**
Anne Arundel County	3068	6	2931	5.7	2920	5.6	2930	5.4	2675	4.9	2281	4.1
Baltimore County	5381	6.8	4931	6.3	4555	5.8	4349	5.4	4288	5.3	4181	5.1
Carroll County	359	2.1	360	2.1	393	2.3	349	2.1	256	1.5	306	1.8
Harford County	933	3.9	879	3.6	884	3.6	853	3.5	643	2.6	697	2.8
Howard County	590	2.2	705	2.5	751	2.7	566	2	608	2.1	580	2.0
Baltimore City	10229	16	10132	15.9	9701	15.2	9352	15.1	8928	14.2	8825	14.1
Suburban Washington Region	**10529**	**5.3**	**10424**	**5.2**	**9576**	**4.7**	**8727**	**4.2**	**7451**	**3.6**	**7440**	**3.5**
Frederick County	807	3.6	793	3.5	793	3.5	728	3.1	593	2.5	620	2.6
Montgomery County	2207	2.3	2231	2.3	2162	2.2	1797	1.8	1689	1.7	1874	1.9
Prince George's County	7515	9	7400	8.9	6621	7.9	6202	7.2	5169	5.9	4946	5.6
Southern Maryland Region	**1452**	**4.4**	**1465**	**4.4**	**1280**	**3.8**	**1230**	**3.6**	**1001**	**2.9**	**947**	**2.7**
Calvert County	279	3.2	367	4.1	271	3	194	2.2	142	1.6	115	1.3
Charles County	846	6	794	5.6	701	4.9	713	4.8	588	4.0	575	3.8
St. Mary's County	327	4.7	304	3.6	308	3.9	323	3.1	271	2.6	257	2.4
Western Maryland Region	**832**	**3.4**	**753**	**3**	**786**	**3.2**	**807**	**3.2**	**771**	**3.0**	**726**	**2.8**
Allegany County	262	3.6	240	3.3	323	4.5	312	4.2	251	3.3	268	3.6
Garrett County	64	2.2	71	2.4	68	2.3	49	1.6	70	2.3	71	2.3
Washington County	506	3.5	442	3	395	2.7	446	3	450	3.0	387	2.6
Upper Eastern Shore Region	**1025**	**4.4**	**1095**	**4.6**	**1161**	**4.9**	**1054**	**4.4**	**990**	**4.1**	**931**	**3.8**
Caroline County	123	3.7	123	3.7	126	3.8	128	3.9	112	3.4	115	3.5
Cecil County	568	5.7	540	5.4	746	7.4	673	6.6	579	5.7	549	5.3
Kent County	80	4	113	5.6	86	4.2	52	2.6	65	3.2	85	4.2
Queen Anne's County	142	3	161	3.4	117	2.4	120	2.5	149	3.1	93	1.9
Talbot County	112	3.1	158	4.4	86	2.4	81	2.1	85	2.2	89	2.3
Lower Eastern Shore Region	**1382**	**6.9**	**1525**	**7.6**	**1482**	**7.4**	**1265**	**6**	**1054**	**5.0**	**980**	**4.6**
Dorchester County	160	5	187	5.8	183	5.7	188	5.8	142	4.3	165	5.0
Somerset County	122	3.3	94	3	102	3	86	3.2	81	3.0	75	2.8
Wicomico County	810	8.8	1010	10.7	926	9.7	730	7.6	583	5.8	554	5.5
Worchester County	290	5.9	234	4.7	271	5.4	261	5.3	248	4.8	186	3.6

Percent of Children Ages 0 Through 17 Who Are In Poverty, by Jurisdiction					
	2008	2009	2010	2011	2012
Maryland	10.4%	11.8%	13.1%	13.9%	14.1%
Allegany County	19.0%	22.4%	23.9%	25.1%	25.6%
Anne Arundel County	7.0%	9.1%	8.8%	9.2%	9.1%
Baltimore County	9.7%	10.2%	11.0%	12.5%	13.0%
Calvert County	6.6%	7.5%	7.9%	8.8%	9.1%
Caroline County	14.9%	18.8%	19.2%	20.8%	23.4%
Carroll County	6.4%	6.5%	6.9%	7.3%	7.8%
Cecil County	10.8%	12.6%	14.6%	15.0%	16.2%
Charles County	8.2%	8.6%	8.5%	10.7%	11.8%
Dorchester County	22.1%	25.2%	25.8%	29.9%	31.4%
Frederick County	6.5%	7.0%	7.7%	8.8%	9.0%
Garrett County	20.9%	18.5%	24.4%	21.1%	21.4%
Harford County	7.3%	7.8%	9.3%	12.3%	10.6%
Howard County	4.9%	5.6%	6.0%	7.5%	6.9%
Kent County	16.5%	19.4%	20.4%	22.0%	21.9%
Montgomery County	7.3%	8.3%	9.4%	8.8%	8.3%
Prince George's County	8.4%	10.5%	12.3%	12.4%	15.0%
Queen Anne's County	7.8%	9.3%	10.1%	11.8%	11.1%
St. Mary's County	10.0%	11.3%	11.0%	12.3%	12.1%
Somerset County	27.9%	29.8%	29.3%	32.1%	35.2%
Talbot County	12.5%	14.1%	14.9%	17.1%	15.5%
Washington County	12.9%	16.0%	16.8%	17.7%	20.3%
Wicomico County	17.1%	18.4%	23.1%	23.7%	24.5%
Worcester County	17.7%	19.9%	20.3%	22.8%	21.3%
Baltimore City	24.5%	28.2%	34.3%	35.6%	33.4%

Thank You

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